



**Application/Renewal Form
for Student Membership
Neuroimmunology Australia**

I, Prof/Dr/Mr/Mrs/Miss/Ms.....Sex:M/F

of.....

wish to become a student member of Neuroimmunology Australia

Address for Correspondence:.....

...../Code.....

Phone:..... E-mail:.....

Field(s) of special interest:.....

.....

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Payment details:

Option 1. Please transfer \$10 by bank transfer to Westpac (BSB 034086), account number 263439, account name "Neuroimmunology Australia Inc". Please remember to put your name in as the reference, so that we know who the money is from. If you pay by bank transfer, please email a copy of this form to the Secretary, Stefan Blum (stefan.blum@brisbaneneurology.com.au)

Option 2. Pay in cash at the Annual Workshop