

Society for Redox Research (Australasia)

2025 MEMBERSHIP APPLICATION/RENEWAL FORM New Zealand memberships

Title:	Name:
Address:	
Phone:	E-mail:
Website address (for included)	usion as a link on the Society website):
Research Interests (short	description for the membership directory):
Please indicate: [] Yes, I attended the Spayment.	FRRA meeting 2024 therefore my membership currently requires no fee
[] I did not attend SFR Or [] I am a new member	RA meeting 2024, I would like to renew my SFRRA membership of SFRRA
Annual Fees: [] Full Membership Na	ZD\$55 [] Student Membership NZD\$33
[] Electronic Funds Tra	Account name: SFRRA Account number: 02 0800 0858347 000 BNZ, New Zealand (SWIFT code: BKNZNZ22)
	e box above. Payment to be made via electronic funds transfer to the <u>NZD</u> . Please include "surname2025" as reference: e.g. "Smith2025"
For alternative payment 1 (nina.dickerhof@otago.a	methods, please contact Dr Nina Dickerhof c.nz).
Signature:	Date:
(Student member	rship only - ask your supervisor to complete the declaration below)
I confirm that to Name:	the above applicant is at present a student under my supervision. Signature:
Institution:	Date: