



**Society for Redox Research (Australasia)**  
**2024 MEMBERSHIP APPLICATION/RENEWAL FORM**  
**New Zealand memberships**

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Website address** (for inclusion as a link on the Society website):  
\_\_\_\_\_

**Research Interests** (short description for the membership directory):  
\_\_\_\_\_

**Please indicate:**

Yes, I attended the SFRRRA meeting 2022 therefore my membership currently requires no fee payment.

I did not attend SFRRRA meeting 2022, I would like to renew my SFRRRA membership  
Or

I am a new member of SFRRRA

**Annual Fees:**

Full Membership NZD\$55                       Student Membership NZD\$33

Electronic Funds Transfer      Account name: SFRRRA  
Account number: 02 0800 0858347 000  
BNZ, New Zealand (SWIFT code: BKNZNZ22)

Please tick the appropriate box above. Payment to be made via electronic funds transfer to the account detailed above in NZD. Please include “*surname2024*” as reference: e.g. “Smith2024”

For alternative payment methods, please contact Dr. Louisa Ashby ([sfrasecretariat@gmail.com](mailto:sfrasecretariat@gmail.com)).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Student membership only - ask your supervisor to complete the declaration below)

*I confirm that the above applicant is at present a student under my supervision.*

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_