

## Application for Ordinary Membership of Brain Tumour Research SA

Please submit completed form to the BTRSA secretary:  
[ginta.orchard@nrf.com.au](mailto:ginta.orchard@nrf.com.au)



|  |  |       |  |
|--|--|-------|--|
| Name   |  | Title |  |
| Address  |  |       |  |
| Email  |  |       |  |
| Telephone  |  |       |  |
| Employing institution  |  |       |  |
| Position   |  |       |  |
| Head of host laboratory<br>(where relevant)  |  |       |  |
| Brief overview of involvement in the brain tumour space  |  |       |  |
|  |  |       |  |
| By applying for BTRSA membership, I agree to abide by the BTRSA rules, undertake all efforts to interact with and collaborate with other BTRSA members where possible, and promote awareness of brain tumour research through BTRSA where appropriate, for the benefit of brain tumour research in SA. |  |       |  |
| Signature of applicant   |  | Date  |  |

### Application must be supported by two current BTRSA members

For further information, and details of current BTRSA members, please contact the BTRSA secretary: [ginta.orchard@nrf.com.au](mailto:ginta.orchard@nrf.com.au)

|          |      |           |
|----------|------|-----------|
| Proposer |      |           |
|          | Name | Signature |
| Seconder |      |           |
|          | Name | Signature |