



AUSTRALIAN SOCIETY OF CYTOLOGY INC

ABN 76 001 239 606

APPLICATION FOR MEMBERSHIP

(For Overseas Residents)

TITLE: Prof / Dr / Mrs / Ms / Miss / Mr		SURNAME: PLEASE USE BLOCK LETTERS	
GIVEN NAMES:		DOB: / /	
LABORATORY:			
PREFERRED ADDRESS:			
			POSTCODE:
OTHER ADDRESS:			
			POSTCODE:
BH PHONE:		MOBILE:	
EMAIL:			
QUALIFICATIONS <i>Please attach copies</i>		INSTITUTION	YEAR
CYTOLOGY EXPERIENCE:			

PROPOSER AND SECONDER (must be either Medical or Non-Medical financial members of the Society).

PROPOSER:	SIGNATURE:
SECONDER:	SIGNATURE:

MEDICAL	Registered medical practitioners who engage in the practice of Cytology.	Specialist	200.00	
		Registrar	200.00	
NON MEDICAL	Graduates of a degree course in Medical Laboratory Science (or its equivalent) from a recognised tertiary institution <u>or</u> persons who hold the CT(ASC) or an equivalent qualification, who are not registered medical practitioners but who engage in the practice of Cytology.		200.00	
ASSOCIATE	Persons interested in Cytology not eligible to be Medical or Non-Medical members. Associate members do not have the right to vote in the affairs of the Society, but may participate in all other activities of the Society.		130.00	
JOINING FEE			50.00	50.00
<i>Electronic copies of Cytoletter are included in membership</i>			TOTAL	\$

SIGNATURE:	DATE: / /
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PAYMENT DETAILS: Enclose Cheque or Money Order made payable to Australian Society of Cytology Inc. **OR**

Debit my Visa/Mastercard Card Verification Code ___/___/___ For \$ _____

Card Number Expiry /

Name on card: _____ Signature on card: _____

Return this form to: Australian Society of Cytology Inc or admin@cytology.com.au

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