



APPLICATION FOR MEMBERSHIP

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

Do you intend to undertake the CTASC in the future? Yes No Year(s)

Which exam will you undertake? Gynae Non Gynae Both

In which state(s) would you prefer to sit? NSW Qld SA Vic WA

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	270.00	
		Registrar	205.00	
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.		205.00	
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.		135.00	
	JOINING FEE <i>(if lapsed member of < 5 years please delete)</i>		55.00	55.00
	Hard Copy Cytoletter <i>(4 issues per year)</i>		20.00	
	<i>Electronic copies of Cytoletter are included in membership</i>		(inc GST)	\$
	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
PO Box 52
HENLEY BEACH SA 5022