

## APPLICATION FOR MEMBERSHIP

TITLE: Prof / 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	
AHPRA registration number will be accepted instead of copies of qualifications:			

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:

<b>MEDICAL</b>	Registered medical practitioners who engage in the practice of Cytology.	Specialist	288.20	
		Registrar	216.15	
<b>NON MEDICAL</b>	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.		216.15	
<b>ASSOCIATE</b>	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.		144.10	
	<b>JOINING FEE</b> (if lapsed member of < 5 years please delete)		55.00	55.00
	Hard Copy Cytoletter (4 issues per year)		14.44	
	<i>Electronic copies of Cytoletter are included in membership</i>		(inc GST)	\$
	<b>TOTAL</b>			

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](mailto:admin@cytology.com.au)  
PO Box 52  
HENLEY BEACH SA 5022