AUSTRALIAN SOCIETY OF CYTOLOGY INC
ABN 76 001 239 606

APPLICATION FOR STUDENT MEMBERSHIP

TITLE (Dr/Mrs/Ms/Miss/Mr):	SURNAME: PLEASE USE BLOCK LETTERS
GIVEN NAMES:	DOB: / /
PREFERRED ADDRESS:	
	POSTCODE:
BH PHONE:	MOBILE:
EMAIL:	
UNIVERSITY:	
CURRENT COURSE BEING STUDIED: *A copy of your current Academic Transcript must be attached to this application*	

PRIOR RELEVANT QUALIFICATIONS	INSTITUTION	YEAR

STUDENT	Persons interested in Cytology who are currently studying in a MBBS, MD or Bachelor of Science degree. Student members do not have the right to vote in the affairs of the Society, but may participate in all other activities of the Society.	0.00	
	Hard Copy Cytoletter *(4 issues per year)*	20.00	
	Electronic copies of Cytoletter are included in membership **TOTAL**	**(inc GST)**	$

SIGNATURE:	DATE: / /

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

UPDATED MARCH 2021