

## AUSTRALIAN SOCIETY OF CYTOLOGY INC ABN 76 001 239 606

## **APPLICATION FOR MEMBERSHIP**

(For Overseas Residents)

TITLE: Prof /	Dr / Mrs / Ms / Miss / Mr SURNA	ME:	PLEASE US	E BLOCK	LETTER	S	
GIVEN NAM	MES:			DOB:	/		/
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PREFERRED	ADDRESS:						
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QUALIFICATIONS Please attach copies			INSTITUTION			YEAR	
CYTOLOGY	EXPERIENCE:						
	<b>D SECONDER</b> (must be either Medical			cial members	s of the So	ciety).	
			GNATURE:				
SECONDER:		SIGN	SIGNATURE:				
MEDICAL	Registered medical practitioners who engage in the practice of Cytology.		Specialist		262.00		
			Registrar		196.50		
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.				196.50		
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.				131.00		
	JOINING FEE				50.00	50	0.00
	Hard Copy Cytoletter (4 issues per				42.04		
	Electronic copies of Cytoletter are incl	luded in	membership	TOTAL		\$	
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Return this torm	n to: Australian Society of Cytology I PO Box 52	nc (	or <u>admin@</u>	cytology.c	com.au		

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