

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

## **APPLICATION FOR STUDENT MEMBERSHIP**

TITLE (Dr/Mr	SURNAME: PLEASE USE BLOCK LETTERS						
GIVEN NAMES: DC					DOB:	/	/
PREFERRED ADDRESS:							
POSTCO					DE:		
BH PHONE:			MOBILE:				
EMAIL:							
UNIVERSITY:							
CURRENT COURSE BEING STUDIED: A copy of your current Academic Transcript <b>must</b> be attached to this application							
YEAR/MONTH YOU EXPECT TO COMPLETE YOUR STUDIES: /							
ARE YOU CURRENTLY EMPLOYED IN A LABORATORY WHILST STUDYING?  Yes this is the wrong application form - Associate membership required  No							
STUDENT	Persons interested in Cytolog MD or Bachelor of Science d Student members do not hav Society, but may participate	egree. ve the righ	nt to vote in	the affair	s of the	0.00	
	Hard Copy Cytoletter (4 issues per year)					20.00	
	Electronic copies of Cytolette <b>TOTAL</b>	er are incl	uded in mei	mbership		(inc GST)	\$
If at any time it is your intention to sit for the CTASC Examination (Cytotechnologist qualification), the date you become a <b>Non-Medical</b> member of the Society will be used in calculating the prerequisite of being a financial member of the Society. You will also need to confirm your eligibility to sit the exam with regards to details of your undergraduate degree. Student memberships do not guarantee entitlement to sit the CTASC Examination.  Student members are classified as <u>unfinancial</u> members of the Society and do not qualify for discounted member offers.							
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 <u>admin@cytology.com.au</u> PO Box 52							

HENLEY BEACH SA 5022

UPDATED MARCH 2022