AUSTRALIAN SOCIETY OF CYTOLOGY INC

ABN 76 001 239 606

APPLICATION FOR MEMBERSHIP

(Please use block letters)

TITLE (Dr/Mrs/Ms/Miss/Mr):	SURNAME:	
GIVEN NAMES:		DOB: / /
LABORATORY:		
PREFERRED ADDRESS:		
		POSTCODE:
OTHER ADDRESS:		
		POSTCODE:
BH PHONE:	FAX:	MOBILE:
EMAIL:		

QUALIFICATIONS *Please attach copies to your application*	INSTITUTION	YEAR

CYTOLOGY EXPERIENCE:

PROPOSER AND SECONDER (must be either Medical or Non-Medical financial members of the Society and known to the applicant).

PROPOSER:	SIGNATURE:
SECONDER:	SIGNATURE:

APPLICATION AND DECLARATION

I apply for the following class of membership (please tick):

MEDICAL Registered medical practitioners who engage in the practice of Cytology.
Total $168.00 (entrance fee $20, annual subscription $132.73, GST $15.27)

NON MEDICAL Graduates of a degree course in Medical Laboratory Science (or its equivalent) from a recognised tertiary institution or persons who hold the CT(ASC) or an equivalent qualification, who are not registered medical practitioners but who engage in the practice of Cytology.
Total $168.00 (entrance fee $20, annual subscription $132.73, GST $15.27)

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.
Total $120.00 (entrace fee $20, annual subscription $89.09, GST $10.91)

SIGNATURE:	DATE: / /

PAYMENT DETAILS: Enclose Cheque or Money Order made payable to Australian Society of Cytology Inc. **OR**

Debit my __ Visa __ Mastercard *(Please tick)* Card Verification Code___/___ **For $** _____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐/☐☐

Name on card:_____ Signature on card: _____

Return this form to: Australian Society of Cytology Inc
PO Box 491
NORTH ADELAIDE SA 5006

or national.office@cytology-asc.com
fax: 08 8361 7357

Applicants from overseas are not required to pay GST.