

APPLICATION FOR STUDENT MEMBERSHIP

TITLE: Prof / 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:			
<i>A copy of your current Academic Transcript showing the expected completion date, must be attached to this application</i>			
YEAR/MONTH YOU EXPECT TO COMPLETE YOUR STUDIES: /			
Once you have completed your studies, this membership will expire			
ARE YOU CURRENTLY EMPLOYED IN A LABORATORY WHILST STUDYING?			
Yes <input type="checkbox"/> <i>this is the wrong application form - Associate membership required</i>			
No <input type="checkbox"/>			
STUDENT	Persons interested in Cytology who are currently studying in a full-time MBBS, MD or Bachelor of Science degree. Student members do not have the right to vote in the affairs of the Society.		no charge (one-time offer)
	TOTAL		(inc GST) \$
SIGNATURE:			DATE: / /

*If at any time it is your intention to sit for the CTASC Examination (Cytotechnologist qualification), the date you became a **Non-Medical** 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 contribute to the 24-month membership requirement to sit the CTASC Examination.
Student members are classified as unfinancial members of the Society and do not qualify for discounted member offers or prizes.*

Return this form to: Australian Society of Cytology Inc or admin@cytology.com.au
PO Box 52
HENLEY BEACH SA 5022