



## Membership Application

**Membership Year is July 1 of current year – June 30 of following year.**

Please print or type the following:

Full Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Please include your email address as the Voice is an electronic newsletter. Visit [www.asct.com](http://www.asct.com) anytime for current and past issues of the Voice. Email addresses will not be sold by ASCT.*

How did you hear about the American Society for Cytotechnology and what prompted your interest to join?  
\_\_\_\_\_

Please indicate any regional cytology groups of which you are a member: \_\_\_\_\_

I was referred by the following ASCT member: \_\_\_\_\_

**Please check the type of membership for which you are applying.** (*International members are accepted in all categories*).

- General Membership:** open to Cytotechnologists, Pathologists, Physicians, Dentists, Veterinarians, PhDs and International members. General membership dues are **\$60 per year**.
- Student Membership:** open to students enrolled in approved schools of cytotechnology. A letter from the school (including completion date) is required. Upon graduation, current student members can renew at the same discounted rate of \$20, for their first year of employment. Student membership dues are **\$20 per year**.
- Associate Membership:** open to all other individuals both national and international interested in diagnostic cytology who do not qualify for the other membership categories. Associate membership dues are **\$60 per year**.
- Retired Membership:** open to those who have worked in the field 10+ years, have officially retired from the profession and no longer work in cytology or related fields (sales rep, etc.) **Dues are \$30 per year.** Date of retirement: \_\_\_\_\_ Organization retired from: \_\_\_\_\_
- 2 Year General or Associate Membership:** This only applies to General and Associate Membership Categories. **Dues are \$115.**
- \$\_\_\_\_\_ Yes!** Please add the following tax deductible donation to the ASCT Foundation

Payment Method: \_\_\_\_\_ Check (made to ASCT) \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX

Authorized Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail completed application to:**

The American Society for Cytotechnology, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

Fax : 919-787-4916 or Email to: [info@asct.com](mailto:info@asct.com)

[www.asct.com](http://www.asct.com)

*Please allow three weeks for processing.*