

**THE INTERNATIONAL ACADEMY OF CYTOLOGY
OFFICE OF THE SECRETARY-TREASURER
Fernando Schmitt, MD, PhD, FIAC**

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Photograph

APPLICATION FOR MEDICAL MEMBERSHIP

NAME	Given first name			Middle			Family name		
DATE OF BIRTH	Day	Month	Year	Country of birth			Present citizenship		
WORK ADDRESS (Correct postal address)	Current position, if Hospital or Medical Center include name of Institution and department								
	Street						Town/City		
	State(if necessary)						Postal code		
	Country								
	Work telephone:								
HOME ADDRESS (Correct postal address)	Street						Town/City		
	State(if necessary)						Postal code		
	Country								
	Home telephone:								
ACADEMY CORRESPONDENCE Please send to: HOME <input type="checkbox"/> WORK <input type="checkbox"/>									
E-MAIL									

SPONSORS	
Names and signatures of two (2) <i>MEMBERS</i> or <i>FELLOWS</i> of the ACADEMY sponsoring your application	
NAME IN FULL	
SIGNATURE	Date
NAME IN FULL	
SIGNATURE	Date

INSTRUCTIONS FOR APPLICANTS

(The I.A.C. Constitution & Bylaws can be viewed on the Internet: www.cytology-iac.org)

1. Please type or write clearly, postal address for correspondence should be complete with any necessary postal code and country.
2. Required are:
 - a. Copies of speciality diplomas (e.g. pathology, gynaecology etc.)
 - b. Passport size photograph (80 x 120 pixels)
 - c. short curriculum vitae/resume with information about medical degree and specialist training plus publications of the last 4 years only.
3. Sign statement on page two.
4. Secure sponsorship signatures of two Fellows or Members of the Academy.
5. Annual dues (Jan. – Dec.) are Euro 180 and the application fee is Euro 140. Payment by credit card, Apple Pay or Paypal online at the IAC website. (<https://www.cytology-iac.org/home/annual-dues>). Payments are refunded if an application can not be accepted.
6. Completed application, photograph, CV and other documents should be sent as email attachment to the central office address above. All applications are acknowledged by email within a few days. Please look in your Spam folder if you do not receive a reply.

MEMBERSHIP ROLL

Upon admittance to the Academy medical members may use the letters M.I.A.C. after their name for the duration of their membership .

The Academy will carry the member's name on the IAC website list of active members.

(www.cytology-iac.org/home/active-members).

PLEASE SIGN APPLICATION STATEMENT

I desire to become a Member of the International Academy of Cytology, and, if elected by the Executive Council, I hereby promise that, so long as I continue to be a member of the Academy, I will, to the utmost of my power, promote the honor and interest of the said academy and observe the enactments of its constitution and bylaws, both as they are now and as they may be altered from time to time.

Date:

Signature:

Do not write below – official space only

Received:	CV/Diplomas:	Sent to: Membership Committee:	Action by Executive Council:	Diploma dated:
Fee & dues:	Sponsors:	Action by: Membership Committee:	Acceptance:	Diploma sent: