

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

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Photograph
(80 x 120 pxl)

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**APPLICATION FOR SUPPORTED MEDICAL MEMBERSHIP
(LOW-INCOME COUNTRIES)**

This form is for applicants applying for supported membership. The number of applicants that can be accepted each year is limited.

The following criteria should be met.

- Applicant must work and live in one of the low-income countries as defined by the survey "World Economic Situation and Prospects" - Least developed countries. (UN/PublicationsLibrary/wesp2015.pdf)
- Applicant must have a medical degree
- Applicant should also have training in anatomic pathology and at least one year full time training or experience in cytopathology
OR completed training in a specialized medical field other than anatomic pathology and at least two years experience in all aspects of cytopathology.

1. Please type or write clearly. Your postal address for correspondence with all codes should be complete.
2. Enclose copy of medical degree
3. Enclose copies of speciality diplomas (e.g. pathology, gynaecology etc.).
4. Please enclose your curriculum vitae with current work position
5. Please include a photograph (80 x 120 pxl) and sign form on page 2

NAME	Given first name			Middle			Family name		
DATE OF BIRTH	Day	Month	Year	Country of birth			Present citizenship		
ADDRESS									
(Postal address with necessary codes for correspondence and journal)									
	Country								
	Work telephone:								
E-mail									

SPONSORS

- Names and signatures of two (2) *MEMBERS* or *FELLOWS* of the ACADEMY sponsoring your application. Names of active members can be found at the [IAC website](#).
- Sponsors should e-mail their consent to this office if they can not sign in person.
- If you do not know any members please indicate here

NAME IN FULL	
SIGNATURE	Date
NAME IN FULL	
SIGNATURE	Date

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).

If you are accepted as member under the 2016 favored membership terms you will asked to contact the central office each year to confirm that your circumstances have not changed.

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:
Country in WESP table	Sponsors:	Action by: Membership Committee:	Acceptance:	Diploma sent: