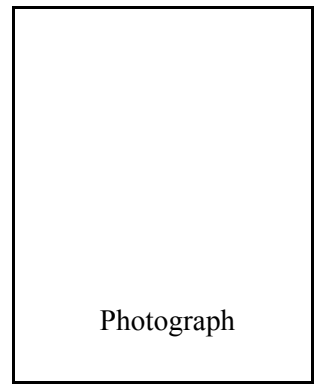


**THE INTERNATIONAL ACADEMY OF CYTOLOGY
OFFICE OF THE SECRETARY GENERAL
Volker Schneider M.D, F.I.A.C.**

MAIL ADDRESS:
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D - 79104 Freiburg, Germany



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APPLICATION FOR PROFESSIONAL NON-MEDICAL MEMBERSHIP

INSTRUCTIONS TO APPLICANTS

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

1. Type all information, complete all sections and use additional sheets if necessary
2. Enclose all letters of recommendation
3. Enclose copy of university degree
4. Secure sponsorship signatures of two fellows or members of the Academy (page 4)
5. Sign statement (page 4) and enclose a passport size photograph
6. Enclose application fee (US\$ 150.00) and first year dues (US\$ 195.00). Payment by credit card or US\$ cheque drawn on US bank payable to International Academy of Cytology

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

Do not write below – official space only

Received:	Letters of recommendation:	Sent to: Membership Committee:	Action by Executive Council:	Diploma dated:
Fee & dues:	Sponsors:	Action by: Membership Committee:	Acceptance:	Diploma sent:

E D U C A T I O N

Mandatory requirement:

University degree, other than medical in country of residence

UNIVERSITY DEGREE	Year	School
	City/Town	Country
	I graduated in (subject): <i>Please include copy of diploma</i>	
	(Place)	(Date)
TRAINING IN CYTOPATHOLOGY OR CLINICAL CYTOLOGY (Full-time only)	Institution	Director
	City/Town	Country
	from	to
	Institution	Director
	City/Town	Country
	from	to
	Institution	Director
	City/Town	Country
	from	to
	Institution	Director
	City/Town	Country
	from	to

<p>EXPERIENCE IN</p> <p>CYTOPATHOLOGY</p> <p>OR</p> <p>CLINICAL</p> <p>CYTOLOGY</p> <p>additional sheets may be used</p>	Hospital	City/Town
	from	to
	Hospital	City/Town
	from	to
	Hospital	City/Town
	from	to
	Hospital	City/Town
	from	to

P U B L I C A T I O N S
(Separate sheets may be used)

Large empty rectangular area for listing publications.

LETTERS OF RECOMMENDATION

List the names and addresses of two (2) physicians who will recommend you for admission to the International Academy of Cytology and who will attest to your character and professional standards. These physicians **do not** necessarily need to be Fellows or Members of the Academy nor your application sponsors.

NAME	
INSTITUTION/ UNIVERSITY	
ADDRESS	
NAME	
INSTITUTION/ UNIVERSITY	
ADDRESS	

SPONSORS

Names and signatures of two (2) *MEMBERS* or *FELLOWS* of the ACADEMY sponsoring your application

NAME IN FULL	
SIGNATURE	<small>Date</small>
NAME IN FULL	
SIGNATURE	<small>Date</small>

APPLICATION STATEMENT TO BE SIGNED BY APPLICANT

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:



THE INTERNATIONAL ACADEMY OF CYTOLOGY
 L'ACADEMIE INTERNATIONALE DE CYTOLOGIE
 INTERNATIONALE AKADEMIE FÜR ZYTOLOGIE
 ACADEMIA INTERNACIONAL DE CITOLOGIA
 国际细胞学会

OFFICE OF THE SECRETARY TREASURER

Fernando Schmitt, M.D., FIAC

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79104 Freiburg, Germany

Telephone: (49)(761) 292-3801, Email: centraloffice@cytology-iac.org

FAX: (49)(761) 292-3802, Website: <http://www.cytology-iac.org>

Professional Non-Medical Membership Application

Application fee (US\$ 150) and annual dues (US\$ 195) = US\$ 345

Annual dues include a subscription to Acta Cytologica (Jan - Dec 2011)

Please make draft/cheque, payable to:

THE INTERNATIONAL ACADEMY OF CYTOLOGY

Draft/cheque payment in United States Currency must be drawn on an American Bank.

CREDIT CARD authorization in US Dollars. Mastercard or Visacard only.

Annual dues are reimbursed if an application cannot be accepted.

Please send your application together with the completed form below

✂-----

PAYMENT FORM: Check # _____ Master/Visacard AMOUNT: US\$ 345.--

CARD NUMBER Expiry date _____/_____
 (Month/Year)

SIGNATURE _____

(Date)

Name		EMAIL	
Adr		TEL	
Adr City/Town Country		FAX	