THE INTERNATIONAL ACADEMY OF CYTOLOGY OFFICE OF THE SECRETARY TREASURER
Massimo Bongiovanni MD, PhD, FIAC

MAIL ADDRESS:
International Academy of Cytology
Office of the Secretary-Treasurer
Massimo Bongiovanni, , MD, FIAC
Wilhelmstraße 24a, Hinterhaus
79098 Freiburg Germany

Photograph

TEL.: +49-761-292-3801 / FAX.: +49-761-292-3802 / E-Mail: *centraloffice@cytology-iac.com*

APPLICATION FOR JUNIOR MEDICAL MEMBERSHIP

- Junior Medical Membership is open to physicians in specialty training in anatomic pathology or other fields encompassing at least two years of training in cytopathology.
- Junior Medical Membership can be held for a maximum of 5 years.
- Junior Medical Members are entitled to:
  Subscription to the journal Acta Cytologica, on-line and printed 6 times a year.
  Reduced registration rates at events organized by the IAC.
  Listing as active junior member on the IAC website.
  Elevation to MIAC (medical membership) upon completion of the specialty training if mandatory requirements are met.

NAME	Given first name	Middle	Family name	
DATE OF BIRTH	Day Month Year	☐ Female ☐ Male	Country of birth	Present citizenship
WORK ADDRESS (Correct postal address)	Hospital or Medical Center include name of Institution and department			
	Street		Town/City	
	State(if necessary)		Postal code	
	Country			
	Work telephone:			
E. MAIL				
HOME ADDRESS (correct postal address)	Street		Town/City	
	State (if necessary)		Postal code	
	Country			

APPLICATION STATEMENT TO BE SIGNED BY APPLICANT
I desire to become a Junior Medical 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.
(The I.A.C. Bylaws can be viewed on the internet: www.cytology-iac.org)

Date: Signature

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E D U C A T I O N

MEDICAL DEGREE	Year	School
	City/Town	Country
SPECIALIST TRAINING/ POSTGRADUTE MEDICAL TRAINING/ RESIDENCY	Hospital	City/Town
	Course begin:	Estimated date of completion:
Confirmation by Director	I certify that to the best of my knowledge the above information is correct.	
NAME IN FULL		
SIGNATURE		Date:

S P O N S O R

Name and signature of *MEMBER* or *FELLOW* of the ACADEMY sponsoring your application

NAME IN FULL		
SIGNATURE		Date

INSTRUCTIONS TO APPLICANTS

1. Complete all sections and enclose a passport size photograph
2. Sign statement on page 1
3. Enclose copy of medic al license
4. Enclose copy of curriculum vitae
5. Secure signature from Director of Post-Graduate Training Course.
6. Secure sponsorship signature of one Fellow or Member of the Academy (A list of active members can be found on the IAC website) Sponsor should e-mail their consent to this office if unable to sign in person.
7. Enclose first year dues (EUR 90.00). No application fee necessary.
8. Please send completed and signed form, photograph, documents and payment form to the address above.

Do not write below – official space only

Received:	Specialty confirmed? Start	End	Sent to: Membership Committee:	Action by Executive Council:
Payment:	Sponsor:		Action by: Membership Committee:	Accepted: