



# Australian Society for Colposcopy and Cervical Pathology Inc.

ABN 25 773 381 323

## Membership Application Form

Categories of membership are defined in the Constitution: Ordinary Members, Associate Members, Honorary Members.

New membership applications can be made by printing and completing the form below. Once completed please send to the ASCCP Secretariat: YRD (Aust) Pty Ltd, PO Box 717, Indooroopilly QLD 4068

Email: [ascpp@yrd.com.au](mailto:ascpp@yrd.com.au) P: 07 3368 2422 F: 07 33682433

### Australian Society for Colposcopy and Cervical Pathology Inc.

APPLICATION FOR MEMBERSHIP

ABN 25 773 381 323

SURNAME.....

FIRST NAME .....TITLE.....

QUALIFICATIONS.....

POSTAL ADDRESS.....

.....

BUSINESS PHONE (.....).....PRIVATE PHONE (.....).....

FAX (.....).....EMAIL.....

HOSPITAL AFFILIATIONS.....

.....

STATUS.....

(e.g. Gynaecologist, Pathologist, Non-Specialist etc)

SIGNED .....DATE .....

#### PLEASE KEEP YOUR DETAILS UP TO DATE

**Australian applicants:** Subscription fee (Australian Dollars) Specialists \$185 (incl GST). Associate membership, Non-Specialists \$155 (incl GST).

**New Zealand and Overseas applicants:** Subscription fee (Australian Dollars) Specialists \$185. Associate membership, Non-Specialists \$155

Please make **cheques** payable to YRD (Aust) ASCCP A/C and return forms to YRD with cheque. **Credit Card facilities also available a 2.5% surcharge applies to Mastercard/Visa.** (Fees may be subject to change).

**Card Type:**  Mastercard /  Visacard

**Expiry Date** \_\_\_ / \_\_\_

**Card No** \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Card Holders Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**ASCCP Membership Fee \$** \_\_\_\_\_ **+ 2.5% Credit card surcharge**