



# Application for Membership

- New**
- Renewal**

<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<b>Name:</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>		

## Please Check off your area:

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Dallas     | <input type="checkbox"/> San Antonio | <input type="checkbox"/> South Texas                      |
| <input type="checkbox"/> Houston    | <input type="checkbox"/> East Texas  | <input type="checkbox"/> Central Texas (Austin, Waco)     |
| <input type="checkbox"/> Fort Worth | <input type="checkbox"/> West Texas  | <input type="checkbox"/> S.E. Texas (Gavelston, Beaumont) |

## Education (new members):

College or University: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Cytotechnology School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

## Qualifications for Membership:

- Registered CT (ASCP) Dues \$30
- Registry eligible (expect to take the exam on \_\_\_\_\_) Dues \$30
- Resident/Student in an approved School of Cytotechnology (will graduate on \_\_\_\_\_) Free!
- Physician (Specialty: \_\_\_\_\_) Dues \$35

## Statement of Intent:

I wish to apply for membership in the Texas Society of Cytology. I understand that dues as specified above must be submitted with this application.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please forward this application to:**

**E-mail: [tfairley@tmhs.org](mailto:tfairley@tmhs.org)**

**Todd Fairley, CT (ASCP) CM  
1525 Wichita Street  
Houston TX, 77004**

## Fall 2010 Conference

- I will be attending conference
- I will not be attending conference
- Still undecided about my attendance