

Minnesota Society of Cytology
Membership Application

Name: _____

Title: _____

Professional registrations/license: _____

Employer: _____

For mailing purposes, please include the address, phone, and email where you can be contacted.

Address: _____

Phone: (H or C) ____ (____) _____

(W) ____ (____) _____

Email Address: _____

The following information is requested for membership demographics only. All information is confidential.

College/Cytology program attended: _____

Year I became ASCP Certified: _____

Years of experience as Cytotechnologist: _____

Years of experience as Pathologist/Cytopathologist: _____

I understand that the Minnesota Society of Cytology is a professional organization dedicated to the education of its members. I agree to abide by the bylaws of the MSC (copy upon request).

Signature _____ **Date** _____

Please make dues check for \$20 payable to **Minnesota Society of Cytology** and mail to:
Angela Krueger
5544 51st St. NW
Rochester, MN 55901

Note: Annual membership dues are payable every January 1st. A late fee will be assessed after March 31st.