

**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 **\$15** 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 1<sup>st</sup>.**