



National Society for Histotechnology Membership Application

Today's Date: _____

2017 Membership Year
January 1– December 31

Membership Type: *(Please read below and select which Membership type you are applying for)*

- Professional Regular Active 2 Year Membership (\$155):** Individuals actively engaged and/or interested in Histology or an allied profession. This membership is valid through December 2018.
- Professional Regular Active (\$80):** Individuals actively engaged and/or interested in Histotechnology or an allied profession. This membership is valid through December 2017.

Referral Information: Please complete the following information about the current NSH member who has referred you so that they may get credit for the referral.

First Name: _____ Last Name: _____

Email (Optional): _____

Contact Information: *Please fill out completely*

First Name:	Company:
Last Name:	Job Title:
Designations:	Work Address:
Home Address:	Dept/Bldg/Room#:
City/State/Zip	City/State/Zip
Home Phone:	Work Phone:
Personal Email:	Work Email:
<p>Please select which addresses you would like to be primary for mailings:</p> <p>Primary Mailing Address : <i>(please circle)</i> Work Home</p> <p>Primary Email Address: <i>(Please circle)</i> Work Personal</p>	
<p>Please mark information we are <u>not</u> authorized to publish in membership directory : <input type="checkbox"/> Organization Name <input type="checkbox"/> Full Work Address <input type="checkbox"/> Full Home Address <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Email <input type="checkbox"/> Personal Email <input type="checkbox"/> Publish Primary Address City, State Only</p>	

3 WAYS TO JOIN OR RENEW YOUR NSH MEMBERSHIP

1. **ONLINE:** Join online from our website www.nsh.org
2. **FAX:** Complete form with credit card number included and fax to (443) 535-4055
3. **MAIL:** Return this completed form with payment to:

National Society for Histotechnology, 8850 Stanford Blvd, Suite 2900 , Columbia, MD 21045

** Payments accepted are Cash, Check, Money Order & Credit Card (Visa, Mastercard & American Express.) * A Purchase Order may not be used for membership dues.*

Addition to Dues:

Would you like to purchase a membership pin for \$10? Yes No
 Would you like to donate to ADA Fund? Yes No \$ _____
 Would you like to donate to Memorial Educational Fund? Yes No \$ _____

Membership Types:	Fees:
Active Regular Professional	\$80
Active Regular 2 Years	\$155
Retired	\$40
Student (2 year membership)	\$80

Add Membership \$ _____ Add Pin: \$10 Add Donation: \$ _____ Total Due: \$ _____

Payment Information: Cash Check # _____ Money Order Credit Card (Visa, MasterCard, AMEX, Discover)
 Award or contest certificate

Name on Card/Check : _____ Amount: _____
 Credit Card #: _____ Exp. Date: _____ CVV# _____
 Signature: _____ Date: _____

Once you're a member, be sure to check out some of NSH's newest resources, such as the Online Learning Center and the Block

Welcome to
learn.nsh.org
 CONTINUING EDUCATION FOR HISTOLOGY PROFESSIONALS



Home My Profile Directory Communities Resources Learning Publications Participate search Q

Join the Discussion

Ask or answer questions with your peers.

Our dynamic discussion groups provide the tools you need to communicate with leaders and partners in your field.

Get Started →

