



National Society for Histotechnology Membership Application

Source: _____

Today's Date: _____

Please complete both sides of form

**2017 Membership Year
January 1– December 31**

Referred by:

A New Member **Renewing your membership** **Have not been a member for many years. (Last year member _____)**

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

- Professional Regular Active (\$80):** Individuals actively engaged and/or interested in Histotechnology or an allied profession
- Retired (\$40):** Members retired from the profession. The member must be an active NSH member in good standing for at least five years prior to retirement.
- Student (\$80 for 2 years):** Individual in a NACCLS approved or Canadian histology program with documentation from the program directors and /or pathologists attesting to their student training status. Individuals may hold student membership for a maximum of 2 years.
- International (\$80):** Individuals residing outside the United States, Canada and U.S. possessions, who are gainfully employed and actively engaged in and/or interested in Histology or an allied profession.

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:
Please select which addresses you would like to be primary for mailings:	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
Primary Mailing Address : <i>(please circle)</i> Work Home	<input type="checkbox"/> Full Home Address <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Email
Primary Email Address: <i>(Please circle)</i> Work Personal	<input type="checkbox"/> Personal Email <input type="checkbox"/> Publish Primary Address City, State Only

For Student Membership: *(Please complete)*

Histotechnology School/Program Name: _____ Year started: _____
 Director Of Program: _____ Email/Phone: _____

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, PO Box 75914, Baltimore MD 21275

** 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
Retired	\$40
International	\$80
Student (see qualifications)	\$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 Block and the Image Bank!



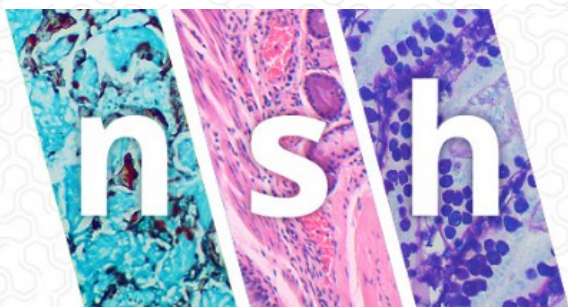
Home My Profile Directory Communities ▾ Resources Learning ▾ Publications ▾ Participate ▾

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 →



Now Live.

IMAGEBANK

Right here on the Block.

Explore →