



# National Society for Histotechnology Membership Application

Source: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please complete both sides of form**

**2018 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:
<b>Please select which addresses you would like to be primary for mailings:</b>	<b>Please mark information we are <u>not</u> authorized to publish in membership directory :</b> <input type="checkbox"/> <b>Organization Name</b> <input type="checkbox"/> <b>Full Work Address</b>
<b>Primary Mailing Address :</b> <i>(please circle)</i> <b>Work</b> <b>Home</b>	<input type="checkbox"/> <b>Full Home Address</b> <input type="checkbox"/> <b>Work Phone</b> <input type="checkbox"/> <b>Home Phone</b> <input type="checkbox"/> <b>Work Email</b>
<b>Primary Email Address:</b> <i>(Please circle)</i> <b>Work</b> <b>Personal</b>	<input type="checkbox"/> <b>Personal Email</b> <input type="checkbox"/> <b>Publish Primary Address City, State Only</b>

### 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](http://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 \$ \_\_\_\_\_

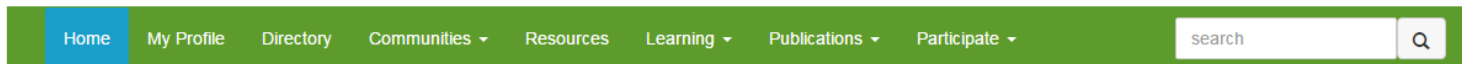
Membership Types:	Fees:
Active Regular Professional	\$80
Retired	\$40
International	\$80
Student (see qualifications)	\$80

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!



**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 →](#)