



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:
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 donate to ADA Fund? Yes No \$ _____
 Would you like to donate to Memorial Educational Fund? Yes No \$ _____

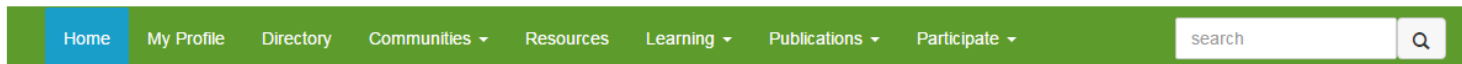
Membership Types:	Fees:
Active Regular Professional	\$80
Retired	\$40
International	\$80
Student (see qualifications)	\$80

Add Membership \$ _____ Add 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 →](#)