



**NATIONAL SOCIETY FOR HISTOTECHNOLOGY
2017 SUSTAINING MEMBERSHIP APPLICATION**

Payment of \$250 membership fee:

_____ Check Enclosed Made Payable to National Society for Histotechnology

Credit Card: _____ Visa _____ MasterCard _____ American Express _____ DISC

Card No.: _____ Expiration Date: _____

CVV Code: _____ Name on Card: _____

Please complete the following information for Sustaining Member Listings and return application to NSH.

(Exact name of company)

(Mailing address)

(City/state/zip)

(Representative name for NSH web page)

Phone: () _____ Fax: () _____

Email Address: _____ Website: _____

Application and payment must be received by **May 12, 2017** for recognition in the summer newsletter and at the Symposium/Convention in Orlando, Florida. If you have any questions please contact Sharon Kneebone 443-535-4060.

**Fax or Email Completed Application & Payment Information to 443-535-4055
or sharon@nsh.org**