



# 2010 MEMBERSHIP APPLICATION

JANUARY 1 - DECEMBER 31

NATIONAL SOCIETY FOR HISTOTECHNOLOGY  
10320 Little Patuxent Parkway, Suite 804, Columbia, MD 21044  
PHONE: 443-535-4060 FAX: 443-535-4055 WEB: [www.nsh.org](http://www.nsh.org)

Source: BARBARA

**TYPE OF MEMBERSHIP:**

RENEWAL  NEW MEMBER : \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_ STUDENT \_\_\_\_\_ RETIRED \_\_\_\_\_ INTERNATIONAL

Program Director/Supervisor Name(required for Student Status Only): \_\_\_\_\_

MEMBERSHIP YEAR RUNS FROM JANUARY 1 TO DECEMBER 31. RENEWAL NOTICES ARE SENT IN OCTOBER FOR FOLLOWING YEAR

**MEMBER NAME:** \_\_\_\_\_

**HOME ADDRESS:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

**WORK ADDRESS:**

COMPANY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WORK EMAIL: \_\_\_\_\_

**Referred by NSH Member:**

State Histology License Number (if applicable)

**MAIL PREFERENCE**  
**Please Note:** All NSH Correspondance will be sent to this address. In addition this address is published in our online membership directory.  
 HOME ADDRESS  WORK ADDRESS

**MEMBER DEMOGRAPHICS:**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male Year entered Profession: \_\_\_\_\_

CHECK ALL APPLICABLE BOXES:

HT (ASCP)  HTL (ASCP)  MT (ASCP)  CT (ASCP)  SLS (ASCP)  QIHC (ASCP)

RT  ART  MLT  NOT CERTIFIED  OTHER \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION:

AA  BABS  MAMS  PHD  MD  DWM  OTHER \_\_\_\_\_

I PRACTICE HISTOLOGY IN(CHOOSE ONE):

\_\_\_ Botany \_\_\_ Clinical:Hospital \_\_\_ Clinical:University \_\_\_ Clinical:Private Lab \_\_\_ EM \_\_\_ Industry

\_\_\_ Marine \_\_\_ Research \_\_\_ Veterinary

**PAYMENT:** Remit fee with completed application in US funds to the NSH Office: 10320 Little Patuxent Pkwy, Suite 804, Columbia, MD 21044.

**Circle Membership Dues:** \$80.00 (2010 Professional/Intl) \$40.00 (2010 Student/Retired)

**Circle Membership Pin (\$10.00):** Yes No Thanks

**Optional ADA Fund Contribution \$** \_\_\_\_\_ (Your donation to the ADA will aid in furthering the education of the physically challenged.)

**Total Due \$** \_\_\_\_\_

A check for the total amount due payable to NSH is included with this application.

Please charge my Visa, MasterCard or American Express for the Total Due listed above.

Card Holder's Name: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_