



National Society for Histotechnology Membership Application

Source: ONLINE

Today's Date: _____

Please complete both sides of form

**2012 Membership Year
January 1– December 31**

Referred by:

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, 10320 Little Patuxent Parkway, Suite 804 Columbia, MD 21044

** Payments accepted are Cash, Check, Money Order & Credit Card (Visa, Mastercard & American Express.) * A Purchase Order may not be used for membership dues.*

1. **Contact Information:** *(Please select which address/email you would like to be your primary address.) Your Primary address will be used for directory and mail.*

Name:	Company:
Home Address:	Work Address:
City/State/Zip	Dept/Bld/Room#:
Home Phone:	City/State/Zip
Personal Email	Phone:
Primary Address: (Please circle) Home Work	Work Email:
Primary Email Address to contact you: (please circle)	Personal Email or Work Email

Are you?: A New Member Renewing your membership

2. **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 member in good standing for at least five years prior to retirement.
- Student (FREE):** Individual in a course of training in histotechnology with documentation from the program director and/or pathologists attesting to their student training status. Individuals may hold student membership for a maximum of two years .
- International (\$80):** Individuals residing outside the United States, Canada and U.S. possessions, who are gainfully employed and ac-

For Student Membership: (Please complete)

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

The National Society for Histotechnology is a non-profit organization, committed to the advancement of histotechnology, its practitioners and quality standards of practice through leadership, education and advocacy.

3. Title and Credentials:

Name: _____

Job Category: Please check appropriate title

- Trainee Lab Assistant Technologist Supervisor Lab Manager PA Pathologist
 Educator Industry Sales Industry Technical Rep Other _____

Credentials: Please check all the apply

- HT HTL QIHC MT MLT MLS CT SLS PA PhD MD Other _____

4. Areas of Interest: (Please check which resources interest you)

- IHC Hard Tissue Veterinary Research Safety Regulations Molecular Management/Leadership
 Education Mohs Mentoring Other Specialties _____

5. Certifications Interested in Pursuing:

- HT HTL QIHC MT MLT MLS CT SLS PA PhD Other _____

6. Preferences

- A. Are you a New Member? Yes No I have not been a member for many years. (Last year member _____)
- B. Would you like a Society Mentor to contact you about resources available? Yes No I want to think about it
 If Yes, what's the best way to contact you? **Phone:** Home Work **Email:** Personal Work
- C. Are you interested in volunteering for NSH? Yes No Possibly, but I would like more information
- a. If yes, how much time are you able to commit? (Please select one)
 On-site at the Annual S/C A few hours a month A few hours a week Only on special projects
- b. Is there any special area you are interested in volunteering for?
 Presenting a Workshop Presenting a Teleconference Becoming a Society Mentor
 Write an article for Journal of Histotechnology Editing articles for JOH Join a Resource Committee (see #4 for areas)
 Join a Business Committee (Education, Legislative, Bylaws, Membership, PR, Nominations/Elections)

** Please visit our website under Leadership to find out what each committee does.*

7. 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 \$ _____

Add Membership \$ _____ Add Pin: \$10 Add Donation: \$ _____
Total Due: \$ _____

Membership Types:	Fees:
Active Regular Professional	\$80
Retired	\$40
International	\$80
Student	FREE

8. Payment Information: Cash Check # _____ Money Order Credit Card (Visa, Mastercard, American Express)

Name on Card/Check : _____ Amount: _____
 Credit Card #: _____ Exp. Date: _____ CVV# _____
 Signature: _____ Date: _____