



New York State Histotechnological Society

Application for Membership

Contact Information

Office Home

Date

Name

Street Address 1

Street Address 2

Institution/Company

Department

City

State

Zip

Home Phone

Work Phone

Email:

Demographics

Nature of Work

Clinical

Research

Education

Student

Education (highest level attained)

ASCP Board of Certification

HT HTL MT

Other

New York State License #

Subscribe to the New York State Histotechnological Society Message Board at :

<http://tech.groups.yahoo.com/group/NYSHS1972/>

Membership Information:

Membership runs from July 30th to June 1st of the calendar year. Membership dues are Tax deductible

Type of membership (please select one)

New Member : Annual fee \$20.00

Referred by

Renewal : Annual fee \$20.00

Date previous membership

Student : Annual Fee \$7.00

College:

Director:

Email:

Payment Information

Please make check or money order payable to:

NYSHS

Send check and *application* to:

NYSHS Membership Secretary
3 Champlain Avenue Apt. 2
Mechanicville, New York 12118

A copy of this form may be found at

www.nyhisto.org

For additional information or questions, please email :

NYSHSmembership@yahoo.com

For Official Use Only:

Date Received: _____

Check Number: _____

Membership Sent: _____