

Minnesota Society for Histotechnology Membership Application

Membership Year May 1, 2011 – April 30, 2012

The information below is for our database. Please complete as much information as possible.

TYPE OF MEMBERSHIP (Indicate One): Active Retired Student

Program Director Signature*: _____
(required for student status only)

Name of School: _____

MEMBER NAME: _____
Last First

Home Address

Work Address

Street Address: _____	Employer: _____
City: _____	Department: _____
State: _____	Street Address: _____
ZIP: _____	City: _____
Home Phone: _____	State: _____
Cell Phone: _____	ZIP: _____
Email Address: _____	Lab/Office Phone: _____ ext: _____

MEMBER DEMOGRAPHICS & PREFERENCES - Please check all appropriate boxes.

Certifications: HT HTL QIHC CT MT/MLT None Other:
Check all that apply

Highest Level of Education: AA/AS BA/BS MA/MS PhD MD DVM Other:

List in Membership Directory on line: No Info Work Info Home Info Both

Delivery Method for Histogram Email - full color PDF US Mail - black & white only

Dues -- Please check your selection:

Active Membership: \$20 (1 year) \$40 (2 years) \$60 (3 years)

Retired Membership: \$5 (1 year)

Student Membership: \$10 (w/approved director signature above)*

Make Checks Payable to: Minnesota Society for Histotechnology; due date: May 1, 2011.

Thank YOU!

Mail to:

Kate Fritz

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St. Cloud, MN 56301