

MEMBERSHIP

THE MARYLAND SOCIETY OF HISTOTECHNOLOGISTS

Due January 1st of each year

Newsletters will only be sent to current members

To keep your membership from expiring and to maintain MSH benefits, please submit this application with your dues of \$15.00 by January 1st. Thank you for your continued support.

PLEASE PRINT LEGIBLY

NAME & TITLE: _____

HOME ADDRESS: CITY, STATE AND ZIP CODE:

HOME PHONE: _____ Home e-mail: _____

BUSINESS NAME: _____ BUSINESS ADDRESS: _____

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Do you prefer mailings to your home OR e-mail: Please Circle .

FEE: \$15.00 Check number: _____

Send to: The Maryland Society of Histotechnologists
P.O. BOX 1831
Pasadena, Md. 21123

Optional: Please feel free to use the back of this form.

Please tell us about yourself: past experience, education, specialties
Do you have a topic you would like to speak on at a future meeting?
Would you like to see our society accomplish?
What would you like to see in our newsletter?

