

Minnesota Society for Histotechnology Membership Application

Membership year May 1, 2010 through April 30, 2011

Note: Current member's membership year is from May 1 to April 30. Please check your address label to see if you need to renew at this time.

1. Name:

2. Home Address:

3. Home Phone:

4. Please circle certification(s) below:

HT (ASCP) IHC QUALIFIED HTL (ASCP) OTHER

5. Work place and address:

6. Work phone number and extension:

7. Email address:

8. Cell phone:

9. Annual dues:

___ \$20 (1) year membership

___ \$40 (2) year membership

___ \$60 (3) year membership

___ \$5 (1) year RETIRED membership

___ \$10 Student (School name and instructor signature)

Please make membership checks payable to: Minnesota Society for Histotechnology

Return this form with your payment to the address below:

Kate Fritz
3600 W St. Germain #120
St. Cloud, MN 55301