

NSH StudentMembership Application

(Membership is for one or two years from the date you join NSH)

Membership Type (Circle): Exam Simulator + Membership (\$119) Student (\$40/year) Student (\$80/2 years)

Contact Information:

First Name:	School:
Last Name:	Program Director:
Designations:	School Address:
Home Address:	Dept/Bldg/Room#:
City/State/Zip	City/State/Zip
Home Phone:	Alternate Phone:
Personal Email:	School Email:
Please select which addresses you would like to be primary for mailings: Primary Mailing Address: (please circle) School Home Primary Email Address: (Please circle) School Personal	Please mark information we are <u>not</u> authorized to publish in membership directory: Full Home Address Full School Address Home Phone Alternate Phone Personal Email Work Email

Payment Information:

Payment Information:	_CashCheck	# Money Order	Credit Card	
Name on Card/Check:				
Credit Card #:				
Exp. Date:	CVV:	A	mount:	
Address (where credit card statement is sent):				
City, State, Zip:				
Signature:			-	

3 WAYS TO RENEW YOUR NSH MEMBERSHIP

1. EMAIL: Email your renewal application with credit card number included to cindy@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, PO Box 75914, Baltimore MD 21275-5914

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