PO Box 75914
Philadelphia, PA 19171
P: 443-535-4060
histo@nsh.org

Student Membership Application

Full Name:_____

Preferred Email: _____

Mailing Address:_____

City/State/Postal Code:_____

Preferred Phone:_____

School (must provide transcript of current semester):_____

Gender:_____ **Birth Year:** _____**Ethnicity**:_____

How did you hear about NSH: _____

Payment Information:

☐ **Check** ☐ **Credit Card**

Credit Card Number: _____ Exp. Date: _____/_____

Security Code (3 or 4 digit #): _____ Name on Card: _____

Billing Address:_____

City/State/Postal Code:_____

Send this completed application via:

Email: with credit card information to histo@nsh.org
Mail: with check to PO Box 715914 Philadelphia, PA 19171-5914.

Please include a current semester transcript to verify you are a current student. Applications will not be accepted without a current transcript.