**Minnesota Society for Histotechnology**

**2020**

**2021**

**Membership Application**

**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:

**Home Address (all underlined fields required)**

**Street Address:**

**City:**

**State:**

**Zip:** **Zip Ext.:**

**Primary Phone:**

**(Formatted)**

**Cell Phone:**

**(Formatted)**

**Email Address:**

**(If none, enter None)**

**Work Address (all underlined fields required)**

**Employer:**

**Department:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Lab/Office**

**Phone:**   **Ext.:**

**(Formatted)**

***Or Join online at our website*** [*www.msfh.wildapricot.org*](http://www.msfh.wildapricot.org/)

**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 | MD | | | PhD | | DVM | Other: | |  |
| **List in On-line**  **Member Directory** | | All info |  | Work info only | | |  | | Home info only |  | | No Info published |
| **Histogram Delivery Method** | |  | Full Color PDF (sent to email above) | | | | | |  | US Mail - Black & white only | | |
| **Dues:** |  | Active | $20 (1 year) | |  | | $40 (2 years) | | |  | $60 (3 years) | |
| (please check your selection) | | Retired | $5 (1 year) | |  | |  |  | |  |  | |
|  |  | Student | $10 (1 year) | | | (\*w/ approved Director signature above) | | | | | | |

**Make Checks Payable to: Minnesota Society for Histotechnology.** *Thank YOU!*

**MSH Use Only**

Date Received:

Check #:

Website Updated:

Mail to: Kelly Klein  
6016 Shetland Dr. NW  
Rochester, MN 55901