

**Michigan Society of Histotechnologists**

**Membership Application (July 1 – June 30)**

Membership benefits include: Member Directory, Control Blocks, Reduced **MSH** Meeting Rates, Reduce *Techpoints* Rates, and a Subscription to the Award- Winning **Mikro-Graf** Publication!

**Member Profile:**

Name: \_\_\_\_\_

Certification(s):  None  HT  HTL  QIHC  CT  Other \_\_\_\_\_

Field of Work:  Academic  Clinical  Industry

**Preferred Address for Mailings:**  Work  Home

**List in Membership Directory:**  No information  Work information  Home information  Both

Employer: \_\_\_\_\_

Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Membership Status:**

Active  New \$20.00/year

Honorary\*  Student\*\* FREE

\*Honorary members- please return form to maintain your active status.

\*\*Student must be in a NAACLS accredited Histotechnology program. Please include the program director's signature. Students may not vote or hold office.

Name of School \_\_\_\_\_

Program Director's signature \_\_\_\_\_

Years in Histology \_\_\_\_\_

Member of the National Society for Histotechnology:  Yes  No

Duties in the lab (mark all that apply):  Routine  IHC  ISH  Grossing

Senior Tech  Management  Other: \_\_\_\_\_

Make checks payable to: **Michigan Society of Histotechnologists**

Mail to: **MSH Membership  
Michelle Martin  
301 Lavender Street  
Monroe, MI 48162**