



## MEMBERSHIP APPLICATION

The Arizona Society for Histotechnology

Date: \_\_\_\_\_ Renew  New member:  Change of address? Yes  No

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

Home address: \_\_\_\_\_

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

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail: \_\_\_\_\_

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

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

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

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Work e-mail: \_\_\_\_\_

Please check your contact preference: Home  Work

Check all that apply:

Hospital  Private Lab  Research  Veterinary  Vendor

Certification/Degree:

HT (ASCP)  HTL (ASCP)  QIHC  AA  BS/BA  MS/MA  PhD/MD  Retired  Student

Specialties:

EM  Image Analysis  Special Stains  IHC  Hard tissue  Other

Please make your check in the amount of \$15.00 for one year or \$25.00 for two years payable to ASH.

Student (provide copy of student ID) and retired - \$7.50 per year.

Mail application and check to:  
**Membership year is June 1 to May 31**

Arizona Society for Histotechnology  
PO Box 90976  
Phoenix, AZ 85066 (DO NOT SEND CASH)