



NORTH CAROLINA SOCIETY OF HISTOTECHNOLOGY

2019 Membership Fee \$20

Save paper! This form can be completed (and payment submitted via PayPal) online:

<http://www.ncsh.info/become-a-member.html>

Name (First and Last): _____ Date: _____

Email Address: _____

****This email will be used for all NCSH related communications & included in the membership directory****

Employer (School):	
Employer Address:	
City, State, Zip:	
Phone:	

Optional

Home Address:	
City, State, Zip:	
Phone:	

Please check all that apply:

Field:	Certifications:	Years in the Field:	
<input type="checkbox"/> Clinical	<input type="checkbox"/> HT	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 16 - 20
<input type="checkbox"/> Research	<input type="checkbox"/> HTL	<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 21 - 24
<input type="checkbox"/> Supervisor/Manager	<input type="checkbox"/> Other _____	<input type="checkbox"/> 11 - 15	<input type="checkbox"/> 25+

- I am interested in volunteering
- I am a current of NCSH member
- I am a current student
- I am a new member
- New member recommended by _____@_____

Make checks payable to: NCSH
Mail completed form and payment to:
Otis Lyght, NCSH Treasurer
1900 Neville Rd.
Chapel Hill NC 27516