



Application for ISH Annual Membership

Information

| | |
|--|---------------------------------|
| Name: | Date: |
| Institution: | |
| Work Address: | |
| Work Phone: () | Home phone/cell: () |
| Home Address: | |
| Email: | |
| Would you prefer information sent to: | Work [] or Home [] |
| Are you a NSH member? | Yes [] No [] |

Payment Method: check

Please make check payable to the **Illinois Society for Histotechnologists** or **ISH**.

Mail your check to:

Maureen Doran

ISH Treasurer

304 N 15th st

Murphysboro, IL 62966

Or, pay with PayPal via the ISH website: <http://illinoishistologysociety.org>