## ANNUAL MEMBERSHIP APPLICATION



<b>Name:</b>						
<b>Home Info</b>	rmation:					
Address:						
City:			State:		Zip:_	
Phone: (	)		Cell: (_	)		
E-mail:						
<b>Business Ir</b>	nformation	•				
Facility Na	me:					
Department	t:					
Address:						
			State:		Zip:_	
Phone: (	)		FAX: (	_)		
E-mail:						
Preferred C	ontact:					
Membership Dir and Newsletter **In an effort to r	r:		ronic Copy Email:ase advise if you would be	75		Please Print Legibly e note which email address should be
used for electronic			·		•	
Checks payable to	the MISSOURI S	SOCIETY FOR HISTO	TECHNOLOGY			
DUES:	☐ New or Retu	arning Member \$15.00	Associate \$15.00	Studer	nt \$7.50	Retiree \$7.50
INDUSTRY:	☐ Clinical	Research	☐ Veterinary	Other_		
CREDENTIALS	: HTL	☐HT	Noncertified	Other_		
*This information	is used to improv	e our membership effor	rts			
Send check and ap Sharon Walsh 20 Brethold Dr, Fenton, MO 6302	•					

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