



The Histochemical Society

Membership Support Services

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Email: membership@histochemicalsociety.org • Web: www.histochemicalsociety.org

MEMBERSHIP APPLICATION

Please check the box next to each that applies:

Title: Dr. Prof. Mr. Ms. Mrs.

Degrees: BA/BS MA/MS PhD MD MD/PhD ScD Other: _____

Last Name, First Name		MI	Referred By (if applicable)	
Institution		Department		
Present Position		Street Address		
City	State / Province	ZIP / Postal Code	Country	
Telephone	Fax	Email		
Web Address		Applicant's Signature		Date

MEMBERSHIP & SUBSCRIPTION RATES

Regular members may vote and hold office. Associates may vote, but may not hold office. All members receive a free online subscription to *JHC*. For a listing of comprehensive benefits for each membership type, please visit us at www.histochemicalsociety.org.

Membership Type	Membership Price		Select Type	Sub Total
	1-Year	2-Year		
Regular Member <i>Individuals possessing a doctoral degree or its equivalent.</i>	1-Year	\$100	[]	\$
	2-Year	\$190	[]	\$
Associate Member <i>Post-doctoral researchers and/or those employed in technical related to histochemistry.</i>	1-Year	\$75	[]	\$
	2-Year	\$140	[]	\$
Student Associate <i>Pre-doctoral students. Advisor Email: _____</i>	1-Year	\$35	[]	\$
	2-Year	\$50	[]	\$
Undergraduate Member or Member From a Developing Country* <small>*Defined by the United Nations Least Developed Countries (http://www.un.org/en/development/desa/policy/cdp/ldc/ldc_list.pdf)</small>	1-Year	\$25	[]	\$
Print Subscription - for any membership type listed above	1-Year	\$25	[]	\$
	2-Year	\$50	[]	\$
Once your membership is confirmed, log in to complete your full membership profile!			Total Due:	\$

PAYMENT OPTIONS (Payment must accompany this invoice. US currency drawn on US banks only. Send application with remittance to address above.)

Make checks payable to: HCS or The Histochemical Society at the address above. Federal Tax ID: 13-6170705

Add \$30 for wire transfers to cover bank fees. (Contact membership@histochemicalsociety.org for transfer information)

Originating Bank:	Date of Transfer:
DO NOT EMAIL - PLEASE FAX TO (301) 634-7099	Total Amount from Above: \$
Credit Card Information <input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	
Card Number	Expiration Date 3 or 4 Digit CVV#
Billing Address for Credit Card	
Name on Card	Authorized Signature

SCIENTIFIC INTEREST (Please check off any areas of interests and list any other scientific societies of which you are a member.)

Area of Interest: <input type="checkbox"/> Anatomy <input type="checkbox"/> Electron Microscopy <input type="checkbox"/> Extracellular Matrix	Societies: _____
<input type="checkbox"/> Image Analysis <input type="checkbox"/> Pathology <input type="checkbox"/> Neuroscience <input type="checkbox"/> Other: _____	_____