

The Kentucky Society for Histotechnology

Membership Application and Personal Information

- Name: _____
- Employer _____
- Title _____
- Work Address: _____
- Work Phone: () _____ Fax: () _____
- Home Address: _____
- Home Phone: () _____
- Email: _____

Member since: _____ Charter member: _____

KSH Online Database

- I do not want to post any personal information on the KSH online database.
- I want to post only the information that is marked above with a checkmark on the KSH online database.
- I want to have my photograph placed on the online database. (enclose with application or email a jpeg copy to Cynthia Long at clong1@uky.edu).

Membership dues: Check payable to “*The Kentucky Society for Histotechnology*”

New members: \$10.00 **Renewal membership:** \$6.00

Mail to:

Marquisha Paul 2529 Cashel Court Lexington KY 40509
