

BIOLOGICAL STAIN COMMISSION

APPLICATION FOR MEMBERSHIP

Name -----

(LAST)

(First)

(Middle initials or names)

Degrees / Diplomas /Certifications -----

Occupation / Position and Employer / Institution -----

Mailing address -----

Means of communication (please choose at least one)

Email -----

Telephone -----

Fax -----

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Annual membership dues: U.S.\$60.00. Membership year is January to December. Dues include a subscription to *Biotechnic & Histochemistry*. Make check payable to Biological Stain Commission. Send this form, with your check, to:

Dr Brendan Boyce, Biological Stain Commission, Dept of Pathology and Laboratory Medicine, Box 626, University of Rochester Medical Center, Rochester, NY 14642-0001, USA.

Questions? Contact: M. Lamar Jones lajones@wfubmc.edu 336 716 264 (Chairman of Public Relations and Membership Committee) or Dr Richard Dapson (President of the BSC) dick@dapsons.com 269 629 5268 or Dr John A. Kiernan (Secretary of the BSC) jkiernan@uwo.ca 519 661 2111 x 86822.