

BIOLOGICAL STAIN COMMISSION

APPLICATION FOR MEMBERSHIP or PAYMENT OF ANNUAL MEMBERSHIP DUES

Name _____
(LAST) (First) (Middle initials or names) (Title - Mr, Mrs, Dr etc)

For renewal, only your name and any changed information are needed.

Degrees / Diplomas /Certifications _____

Occupation / Position and Employer / Institution _____

Mailing address _____

Means of communication (please choose at least one; email preferred):

Email

Telephone

Fax

New applications for membership are reviewed by the Board of Trustees. This may take a few days.

Annual membership dues: For individuals U.S.\$60.00. For corporate members U.S.\$120.

Membership year is January to December. Dues include a subscription to *Biotechnic & Histochemistry*. Make check payable to Biological Stain Commission. Send a printout of this form, with your check or money order, to:

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

The easiest way to renew membership is with Paypal or credit card on the Membership page of the BSC's web site, <http://biologicalstaincommission.org/>