

# BIOLOGICAL STAIN COMMISSION

## APPLICATION FOR MEMBERSHIP or PAYMENT OF ANNUAL MEMBERSHIP DUES

Name \_\_\_\_\_  
(LAST) (First) (Middle) (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**

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

Membership is current for one year after payment.

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/>