



Florida Society for Histotechnology

Membership Application Join online at www.fshgroup.org

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Work Place: _____

Workplace Address: _____

Fax Number: _____ E-mail: _____

Florida Professional Licensure Number: _____

Prior FSH member?: Yes No

NSH member?: Yes No

E-mail Address: _____

Membership Type:

New Member (\$35)

Renewal (\$35)

Supporting Member (\$35)

Student Member (\$20) Florida Training License#: _____

Miscellaneous Purchase:

FSH Pin (\$35)

Gift Certificate (\$30)

Total Amount Due: _____

Payment Method: Check Money Order Cashier's Check VISA MC Discover

Name as it appears on credit Card: _____

Credit Card #: _____ Exp. Date: _____

Credit Card billing address: _____

Mail Application to:
FSH Membership
C/O Charlotte Kopczynski
715 Stonehenge Way
Palm Harbor, FL 34683