

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 renewals 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

Telephone

Fax

=====
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 a printout of this form, with your check or money order, to:

**Dr Brendan Boyce,
Treasurer, 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 404 712 7220 marvin.jones@emoryhealthcare.org (Chairman, Membership Committee) **or** Dr Richard Dapson dick@dapsons.com 269 629 0910 (President) **or** Dr John A. Kiernan 519 661 3111 jkiernan@uwo.ca (Secretary).