

Oklahoma Microscopy Society Membership Application/Renewal Form

Name: _____

Business Phone: _____

FAX: _____

Email: _____

Institution: _____

Address: _____

Check here if Address is New/Revised: _____

Membership in Affiliated Societies:

MSA _____
MAS _____
OAS _____

Microscopy Interests:

Physical Sciences _____
Biological Sciences _____
Other _____

Membership Dues:

Type:

Corporate (\$50.00) _____
Professional (\$15.00) _____
Student (\$5.00) _____

Amount Enclosed: _____

Please enclose a check for one year's dues (July 1, 2004 – June 30, 2005) made out to:
"OMS" or Oklahoma Microscopy Society" and mail to:

Bill Meek, Secretary/Treasurer, OMS
OSU College of Osteopathic Medicine
Department of Anatomy and Cell Biology
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Tulsa, OK 74107
(918) 561-8258
meekwd@chs.okstate.edu