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: Membership Interests:

MSA _____ Physical Sciences _____

MAS _____ Biological Sciences _____

OAS _____ 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