



Microscopy Society of the Ohio River Valley

Membership Form

Date: _____

Name: _____

Affiliation: _____

Address: _____

Home Mailing Address: _____

Phone (Work/Home): Area Code: (____) _____

Preferred Email: _____

Science Area of interest: _____ **Biological** _____ **Physical**

Are you a member of: _____ **MSA** _____ **MAS**

Type of Membership (check one):

_____ Professional:\$20.00 /year _____ Student:\$10.00 /year

Amount enclosed: _____ Cash _____ Check # _____

Payable to: **MSORV**

Mail to:

Jennifer Carpena,
MSORV Treasurer
2701-5 Gardenia Avenue
Beavercreek, OH, 45431