



Indiana Microscopy Society

an affiliation of the Microscopy Society of America

Membership Application

Thank you for your interest in the Indiana Microscopy Society.

Please print the application and submit it with payment, by check or money order - No Cash, PLEASE!

Make check or money order payable to Indiana Microscopy Society

Mail to: Mike Esterman
7263 North Baltimore Rd
Monrovia, IN 46157

Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip Code: _____

Address Location: Home Office/ Lab

Phone: _____ Fax: _____

E-mail Address: _____

Are You a Member of Microscopy Society of America? Yes No

Type of Membership Applying for:

Regular Membership \$10 Student Membership \$0 Corporate membership \$100

If you are applying for a Student Membership Are you a full time Student? Yes No

What Program are you enrolled in? _____ What Institution? _____

Major Interest: _____

Fields of Microscopy / Microanalysis you use in your work: _____
