



Microscopy Society of America Emeritus Membership Application

MSA Emeritus Membership Eligibility

1. Per MSA Bylaws, Article IV Section III: An individual who has been a Regular Member for at least **fifteen consecutive years** prior to retirement from remunerative professional activities may apply for Emeritus membership. Those seeking Emeritus status shall apply to The Society indicating dates of initial membership and of retirement.
2. Applicant for Emeritus membership must be a current Regular Member of MSA.

Submit completed & signed application form by e-mail to associationmanagement@microscopy.org.

Applicant Contact Information (Required)*

First/Given Name: _____ Last Name/Surname: _____

E-Mail Address: _____ Phone Number: _____

Preferred Mailing Address ----- This address is my: Home Address Other Address

Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Country: _____

Emeritus Qualifications (Required)*

Date of Retirement: _____ MSA Member Since: _____

Additional Information - Emeritus Membership

Emeritus Membership with MSA is free; there are no annual dues associated with Emeritus Membership. This membership will be automatically renewed on an annual basis unless otherwise requested in writing (mail or email). Separate fees apply for Focused Interest Groups, which are considered separate from Emeritus Membership.

Focused Interest Groups

To join or renew your FIG membership(s), please use the MSA membership portal at <https://www.microscopy.org>. For assistance, please contact associationmanagement@microscopy.org. You can check if you have any active FIG memberships by visiting your MSA membership profile page.

Donations to the Society

MSA welcomes contributions or donations to the Society as tax-deductible, charitable contributions for federal income tax purposes. Donations can be made via the MSA website: <https://www.microscopy.org/donation/> For assistance or more information, please contact associationmanagement@microscopy.org.

Application Signature & Date (Required)*

By signing this form, I confirm that all information provided is true and correct to the best of my knowledge.

SIGNATURE: _____ Date: _____