



AALAS Commercial Membership Application

About the Commercial Membership

Membership is for 12 months following receipt of payment.

ANNUAL DUES: \$600 per 12-month period. This includes one Gold and two Silver Individual Memberships and a special recognition plaque. Commercial Members may also rent the AALAS mailing list. If you exhibit at the National Meeting, you will also receive a \$300 discount on the rental fee of the first booth space. Commercial Members who are also members of ATA receive an additional \$50 discount off the total charges for booth space.

CONTACT PERSON: The Gold Member is the Contact Person for your membership. This person receives the invoice for the membership renewals and is the only person authorized to make membership changes to the roster.

ADDITIONAL MEMBERS: You can add individual memberships for as many people as you would like at any of the three levels listed below. Page 3 of this application provides space for listing up to three additional members; calculate the dues on the invoice page. **If you plan to enroll more than three additional members, please make photocopies of page 3.**

CHANGES TO THE ROSTER: You may add members at any time during the year. *AALAS cannot accept any membership changes within 60 days of the AALAS National Meeting.*

HOW TO APPLY: *Type or print legibly. Paperwork must accompany payment. Please fill in all information completely.*

1. Page 2: Enter the company's name as you would like it listed in our data base.
2. Page 2: Fill in all information for the Gold Member and two Silver Members. You may upgrade the Silver Memberships to Gold by checking the upgrade box and adding \$95 for each Silver upgrade.
3. Page 3: Fill in the form for any additional members.
4. Page 4: Calculate dues owed and fill in method of payment.

Benefits and Services of Gold, Silver, and Bronze AALAS Membership Levels

GOLD MEMBERSHIP

SILVER MEMBERSHIP

BRONZE MEMBERSHIP

1. Voting privileges
2. A \$50 discount for National Meeting registration
3. Reduced fees for technician certification exams
4. AALAS Certification Registry
5. Discounts on other educational materials
6. Access to the TechLink listserv
7. Access to members-only sections of the AALAS website
8. *Tech Talk* newsletter—print **and** online versions
9. *National Meeting Preliminary Program*
10. *AALAS in Action* newsletter—print **and** online versions ↩
11. Subscription to *JAALAS*—print **and** online versions
12. *AALAS Reference Directory* ↩
13. Subscription to *Comparative Medicine*—print **and** online versions
14. *AALAS Leadership & Committee Resource Directory* ↩

5. Page 4: Gold Member (Contact Person) must sign and date form.
6. Page 4: Any current National AALAS Member may sponsor your application. Please have the sponsor sign the form and fill in his/her membership number. Please contact the National Office if you have any difficulty obtaining a sponsor.

Amount of membership dues applied to publications:
Comparative Medicine: \$110.88
JAALAS: \$56.42
Tech Talk/AALAS in Action: \$10.11

1. Company Name: _____

2. Applicant Information for 1 Gold Member and 2 Silver Members

Gold Member (Contact Person)

Name _____ E-mail _____

Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Bus. Address (will appear in Reference Directory) _____

Please provide education/workplace information.

City _____ State _____ Zip _____

List your degrees

- High Sch / GED
- AS / AA
- BA / BS
- MA / MS
- PhD
- DVM
- Other _____
- Other _____

Area of Employment

- Teaching/Training
- Commercial
- Research
- Administration
- Animal Care
- Medical
- Other _____
- Other _____

Type of Facility

- College University/Medical School
- Pharmaceutical
- Government/Military Research
- Other Industrial
- Veterinary School
- Research Hospital
- Private Research
- Commercial Breeder
- Other _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

Silver Member (Check here to upgrade to Gold membership.)

Name _____ E-mail _____

Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Bus. Address (will appear in Reference Directory) _____

Please provide education/workplace information.

City _____ State _____ Zip _____

List your degrees

- High Sch / GED
- AS / AA
- BA / BS
- MA / MS
- PhD
- DVM
- Other _____
- Other _____

Area of Employment

- Teaching/Training
- Commercial
- Research
- Administration
- Animal Care
- Medical
- Other _____
- Other _____

Type of Facility

- College University/Medical School
- Pharmaceutical
- Government/Military Research
- Other Industrial
- Veterinary School
- Research Hospital
- Private Research
- Commercial Breeder
- Other _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

Silver Member (Check here to upgrade to Gold membership.)

Name _____ E-mail _____

Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Bus. Address (will appear in Reference Directory) _____

Please provide education/workplace information.

City _____ State _____ Zip _____

List your degrees

- High Sch / GED
- AS / AA
- BA / BS
- MA / MS
- PhD
- DVM
- Other _____
- Other _____

Area of Employment

- Teaching/Training
- Commercial
- Research
- Administration
- Animal Care
- Medical
- Other _____
- Other _____

Type of Facility

- College University/Medical School
- Pharmaceutical
- Government/Military Research
- Other Industrial
- Veterinary School
- Research Hospital
- Private Research
- Commercial Breeder
- Other _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

Company Name: _____

3. Additional Members: If adding more than 3 members, photocopy this page before entering information.

Additional Member

Name _____ E-mail _____

Job Title _____ Business Phone (____) _____ Business Fax (____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Please provide education/workplace information.

Bus. Address (will appear in Reference Directory) _____

- | | | |
|---|--|--|
| List your degrees
<input type="checkbox"/> High Sch / <input type="checkbox"/> GED
<input type="checkbox"/> AS / <input type="checkbox"/> AA
<input type="checkbox"/> BA / <input type="checkbox"/> BS
<input type="checkbox"/> MA / <input type="checkbox"/> MS
<input type="checkbox"/> PhD
<input type="checkbox"/> DVM
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Area of Employment
<input type="checkbox"/> Teaching/Training
<input type="checkbox"/> Commercial
<input type="checkbox"/> Research
<input type="checkbox"/> Administration
<input type="checkbox"/> Animal Care
<input type="checkbox"/> Medical
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Type of Facility
<input type="checkbox"/> College University/Medical School
<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> Other Industrial
<input type="checkbox"/> Veterinary School
<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Private Research
<input type="checkbox"/> Commercial Breeder
<input type="checkbox"/> Other _____ |
|---|--|--|

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

- Select one membership level.*
- | | | |
|--|--|---|
| Gold
<input type="checkbox"/> Domestic / \$180
<input type="checkbox"/> Canada/Mexico / \$195
<input type="checkbox"/> International / \$220 | Silver
<input type="checkbox"/> Domestic / \$85
<input type="checkbox"/> Canada/Mexico / \$95
<input type="checkbox"/> International / \$115 | Bronze
<input type="checkbox"/> Domestic / \$35
<input type="checkbox"/> Canada/Mexico / \$40
<input type="checkbox"/> International / \$45 |
|--|--|---|

Additional Member

Name _____ E-mail _____

Job Title _____ Business Phone (____) _____ Business Fax (____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Please provide education/workplace information.

Bus. Address (will appear in Reference Directory) _____

- | | | |
|---|--|--|
| List your degrees
<input type="checkbox"/> High Sch / <input type="checkbox"/> GED
<input type="checkbox"/> AS / <input type="checkbox"/> AA
<input type="checkbox"/> BA / <input type="checkbox"/> BS
<input type="checkbox"/> MA / <input type="checkbox"/> MS
<input type="checkbox"/> PhD
<input type="checkbox"/> DVM
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Area of Employment
<input type="checkbox"/> Teaching/Training
<input type="checkbox"/> Commercial
<input type="checkbox"/> Research
<input type="checkbox"/> Administration
<input type="checkbox"/> Animal Care
<input type="checkbox"/> Medical
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Type of Facility
<input type="checkbox"/> College University/Medical School
<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> Other Industrial
<input type="checkbox"/> Veterinary School
<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Private Research
<input type="checkbox"/> Commercial Breeder
<input type="checkbox"/> Other _____ |
|---|--|--|

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

- Select one membership level.*
- | | | |
|--|--|---|
| Gold
<input type="checkbox"/> Domestic / \$180
<input type="checkbox"/> Canada/Mexico / \$195
<input type="checkbox"/> International / \$220 | Silver
<input type="checkbox"/> Domestic / \$85
<input type="checkbox"/> Canada/Mexico / \$95
<input type="checkbox"/> International / \$115 | Bronze
<input type="checkbox"/> Domestic / \$35
<input type="checkbox"/> Canada/Mexico / \$40
<input type="checkbox"/> International / \$45 |
|--|--|---|

Additional Member

Name _____ E-mail _____

Job Title _____ Business Phone (____) _____ Business Fax (____) _____

Company Name _____

Occasionally we make our mailing list available to AALAS' affiliated credit card company, MBNA, and to AALAS Commercial Members who offer products and/or promotions that may be of interest to you. If you prefer NOT to receive such mailings, please check the following box:

Department _____

Please provide education/workplace information.

Bus. Address (will appear in Reference Directory) _____

- | | | |
|---|--|--|
| List your degrees
<input type="checkbox"/> High Sch / <input type="checkbox"/> GED
<input type="checkbox"/> AS / <input type="checkbox"/> AA
<input type="checkbox"/> BA / <input type="checkbox"/> BS
<input type="checkbox"/> MA / <input type="checkbox"/> MS
<input type="checkbox"/> PhD
<input type="checkbox"/> DVM
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Area of Employment
<input type="checkbox"/> Teaching/Training
<input type="checkbox"/> Commercial
<input type="checkbox"/> Research
<input type="checkbox"/> Administration
<input type="checkbox"/> Animal Care
<input type="checkbox"/> Medical
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | Type of Facility
<input type="checkbox"/> College University/Medical School
<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> Other Industrial
<input type="checkbox"/> Veterinary School
<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Private Research
<input type="checkbox"/> Commercial Breeder
<input type="checkbox"/> Other _____ |
|---|--|--|

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

I would like my publications and election ballot mailed to: Business address Home address

- Select one membership level.*
- | | | |
|--|--|---|
| Gold
<input type="checkbox"/> Domestic / \$180
<input type="checkbox"/> Canada/Mexico / \$195
<input type="checkbox"/> International / \$220 | Silver
<input type="checkbox"/> Domestic / \$85
<input type="checkbox"/> Canada/Mexico / \$95
<input type="checkbox"/> International / \$115 | Bronze
<input type="checkbox"/> Domestic / \$35
<input type="checkbox"/> Canada/Mexico / \$40
<input type="checkbox"/> International / \$45 |
|--|--|---|

