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Branch Membership: List the AALAS Branch to which you belong (if any). If you belong to more than one, list primary branch first.

6

Education/Workplace Information:

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 _____

Type of facility

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

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Application Sponsor: All new applicants are required to have at least one current National AALAS Member's signature. Contact Member Services at the AALAS office if this is a problem.

Sponsor Name _____ Membership Number _____

Signature _____

8

I hereby apply for Individual Membership in the American Association for Laboratory Animal Science.

Signature _____ Date _____

Your application constitutes consent to receive email, mail, and faxes from AALAS.

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Return This Application to:

AALAS
 9190 Crestwyn Hills Drive
 Memphis, TN 38125-8538
 (901) 754-8620
 fax (901) 753-0046