AALAS Membership Application: **Individual**

Membership is for 12 months following receipt of payment. Membership in an AALAS branch or the AALAS Learning Library is not membership in national AALAS.

Application Type

☐ New membership
☐ Renewal: Membership # _____

Membership Level

For information about membership benefits, see www.aalas.org/association/membership.aspx.

Gold
☐ Domestic: $180
☐ Canada/Mexico: $195
☐ International: $220

Silver
☐ Domestic: $85
☐ Canada/Mexico: $95
☐ International: $115

Bronze
☐ Domestic: $35
☐ Canada/Mexico: $40
☐ International: $45

Contact Information

▶ **Business Address:** *This information will appear in the* Reference Directory. *You can customize your directory listing in the Member Center of www.aalas.org (under Edit Profile).*

☐ Mr. ☐ Ms. ☐ Dr. First name _____ MI _____ Last name _____

Company Name _____

Job Title _____ Department _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Occasionally we make our mailing list available to AALAS' affinity programs and to AALAS commercial members, who offer products and promotions that may be of interest to you. If you prefer **NOT** *to receive such mailings, please check the following box:* ☐

▶ **Delivery Options:** *Choose where you receive AALAS publications and communications. This address also determines your voting district.*

Send AALAS mailings and election ballot emails to: ☐ Business address (above) ☐ Home address (enter below)

Address _____

City _____ State _____ Zip _____ Country _____

Alternate Phone _____

Email* _____

** Your election ballot email must be a unique, individual address: joe.smith@company.com, not info@company.com.*

Highest education level(s)
☐ High School ☐ GED
☐ AS ☐ AA
☐ BA ☐ BS
☐ MA ☐ MS
☐ PhD
☐ DVM
☐ Other_____

Area of employment
☐ Teaching/Training
☐ Commercial
☐ Research
☐ Administration
☐ Animal Care
☐ Medical
☐ Other_____

Type of facility
☐ Coll/Univ/Med School
☐ Pharmaceutical Co.
☐ Gov't/Military Research
☐ Other Industrial Co.
☐ Veterinary School
☐ Research Hospital
☐ Private Research
☐ Comm Breeder
☐ CRO
☐ Other_____

Payment Information & Application Verification

Make checks payable to: AALAS. Payments from outside the US must be paid in USD and issued from a US bank. Call 901-754-8620 for details on wire transfers/EFT. There is a $25 fee to change payment method and for returned checks. No cancellations accepted on membership orders.

☐ Check#_____ ☐ Money Order ☐ VISA
☐ AmEx ☐ MasterCard ☐ Discover

Account Number—please include all digits _____ Month Year Expiration Date

▶ **Cardholder Contact Info**

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Signature _____

▶ **AALAS Foundation Contribution**
Optional.

☐ One-time contribution enclosed (enter amount below).
☐ Send me information about making an annual Foundation contribution.

▶ **Payment Enclosed**

Dues $ _____

Foundation donation $ _____

Total Enclosed $ _____

▶ **Application Verification:** *New applicants* **MUST** *have at least one current national AALAS member's signature. Contact AALAS Member Services (901-754-8620) if this is a problem.*

Sponsor *(required)* **Signature** **Member #**

Statement of Intent: I hereby apply for individual membership in the American Association for Laboratory Animal Science. *(Signing constitutes consent to receive email, mail, and faxes from AALAS.)*

Applicant Name **Signature** **Date**

Submit application and payment to AALAS, 9190 Crestwyn Hills Dr, Memphis TN 38125. Fax 901-753-0046. Questions? Call 901-754-8620 or email info@aalas.org.