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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 \_\_\_\_\_

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**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