



AALAS Institutional Membership Application

About the Institutional Membership

Membership is for 12 months following receipt of payment.

ANNUAL DUES: \$450 per 12-month period. This includes one Gold, two Silver, and one Bronze Individual Memberships and a special recognition plaque. Institutional Members may also rent the AALAS mailing list.

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 calendar year. Please note that the cycle for Institutional memberships renews with the institution's membership anniversary, not the individual member's. *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 institution's name as you would like it listed in our database.
2. Page 2: Fill in all information for the Gold Member, two Silver Members, and Bronze Member. You may upgrade the Silver Memberships to Gold by checking the upgrade box and adding \$95 for each Silver upgrade. You may also upgrade the Bronze Membership to Silver by checking the upgrade box and adding \$50 for the Bronze upgrade.
3. Page 3: Fill in the form for any additional members.
4. Page 4: Calculate dues owed and fill in method of payment.
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.
7. Insert: Provide the information for those members who you want to participate on the IACUC-FORUM listserv. This service is optional.

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

GOLD MEMBERSHIP	SILVER MEMBERSHIP	BRONZE MEMBERSHIP	<ol style="list-style-type: none"> 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. <i>Tech Talk</i> newsletter—print and online versions 9. <i>National Meeting Preliminary Program</i> 10. <i>AALAS in Action</i> newsletter—print and online versions ↩
			<ol style="list-style-type: none"> 11. Subscription to <i>JAALAS</i>—print and online versions 12. <i>AALAS Reference Directory</i> ↩
			<ol style="list-style-type: none"> 13. Subscription to <i>Comparative Medicine</i>—print and online versions 14. <i>AALAS Leadership & Committee Resource Directory</i> ↩

Amount of membership dues applied to publications:

Comparative Medicine: \$110.88

JAALAS: \$56.42

Tech Talk/AALAS in Action: \$10.11

1. Institution Name: _____

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

Gold Member (Contact Person)

Name _____ E-mail _____
Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____
Company Name _____
Department _____
Bus. Address (will appear in Reference Directory) _____
City _____ State _____ Zip _____
Home Address _____
City _____ State _____ Zip _____
I would like my publications and election ballot mailed to: Business address Home address

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:

Please provide education/workplace information.

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

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

Name _____ E-mail _____
Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____
Company Name _____
Department _____
Bus. Address (will appear in Reference Directory) _____
City _____ State _____ Zip _____
Home Address _____
City _____ State _____ Zip _____
I would like my publications and election ballot mailed to: Business address Home address

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<input type="checkbox"/> AS / <input type="checkbox"/> AA	<input type="checkbox"/> Commercial	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> BA / <input type="checkbox"/> BS	<input type="checkbox"/> Research	<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> MA / <input type="checkbox"/> MS	<input type="checkbox"/> Administration	<input type="checkbox"/> Other Industrial
<input type="checkbox"/> PhD	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Veterinary School
<input type="checkbox"/> DVM	<input type="checkbox"/> Medical	<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private Research
<input type="checkbox"/> Other _____		<input type="checkbox"/> Commercial Breeder
		<input type="checkbox"/> Other _____

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

Name _____ E-mail _____
Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____
Company Name _____
Department _____
Bus. Address (will appear in Reference Directory) _____
City _____ State _____ Zip _____
Home Address _____
City _____ State _____ Zip _____
I would like my publications and election ballot mailed to: Business address Home address

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<input type="checkbox"/> AS / <input type="checkbox"/> AA	<input type="checkbox"/> Commercial	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> BA / <input type="checkbox"/> BS	<input type="checkbox"/> Research	<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> MA / <input type="checkbox"/> MS	<input type="checkbox"/> Administration	<input type="checkbox"/> Other Industrial
<input type="checkbox"/> PhD	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Veterinary School
<input type="checkbox"/> DVM	<input type="checkbox"/> Medical	<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private Research
<input type="checkbox"/> Other _____		<input type="checkbox"/> Commercial Breeder
		<input type="checkbox"/> Other _____

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

Name _____ E-mail _____
Job Title _____ Business Phone (_____) _____ Business Fax (_____) _____
Company Name _____
Department _____
Bus. Address (will appear in Reference Directory) _____
City _____ State _____ Zip _____
Home Address _____
City _____ State _____ Zip _____
I would like my publications and election ballot mailed to: Business address Home address

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:

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<input type="checkbox"/> BA / <input type="checkbox"/> BS	<input type="checkbox"/> Research	<input type="checkbox"/> Government/Military Research
<input type="checkbox"/> MA / <input type="checkbox"/> MS	<input type="checkbox"/> Administration	<input type="checkbox"/> Other Industrial
<input type="checkbox"/> PhD	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Veterinary School
<input type="checkbox"/> DVM	<input type="checkbox"/> Medical	<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private Research
<input type="checkbox"/> Other _____		<input type="checkbox"/> Commercial Breeder
		<input type="checkbox"/> Other _____

Institution 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) _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

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

- | | | |
|---|--|--|
| 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 _____ |
|---|--|--|

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) _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

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

- | | | |
|---|--|--|
| List your degrees
<input type="checkbox"/> High Sch / <input type="checkbox"/> GED
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<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 _____ |
|---|--|--|

Select one membership level.

- | | | |
|--|--|---|
| Gold
<input type="checkbox"/> Domestic / \$180
<input type="checkbox"/> Canada/Mexico / \$195
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<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) _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

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

- | | | |
|---|--|--|
| List your degrees
<input type="checkbox"/> High Sch / <input type="checkbox"/> GED
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<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
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<input type="checkbox"/> Research Hospital
<input type="checkbox"/> Private Research
<input type="checkbox"/> Commercial Breeder
<input type="checkbox"/> Other _____ |
|---|--|--|

Select one membership level.

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|--|--|---|
| 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 |
|--|--|---|

4. Payment Information

Institutional Membership Dues \$ **450**

Upgrade SILVER Member(s) to GOLD		Qty.	Amount
Domestic / \$95	x	_____	= \$ _____
Canada/Mexico / \$100	x	_____	= \$ _____
International / \$105	x	_____	= \$ _____

Upgrade BRONZE Member to SILVER		Qty.	Amount
Domestic / \$50	x	1	= \$ _____
Canada/Mexico / \$55	x	1	= \$ _____
International / \$70	x	1	= \$ _____

Upgrade BRONZE Member to GOLD		Qty.	Amount
Domestic / \$145	x	1	= \$ _____
Canada/Mexico / \$155	x	1	= \$ _____
International / \$175	x	1	= \$ _____

Additional Memberships		Qty.	Amount
<i>GOLD</i>			
Domestic / \$180	x	_____	= \$ _____
Canada/Mexico / \$195	x	_____	= \$ _____
International / \$220	x	_____	= \$ _____
<i>SILVER</i>			
Domestic / \$85	x	_____	= \$ _____
Canada/Mexico / \$95	x	_____	= \$ _____
International / \$115	x	_____	= \$ _____
<i>BRONZE</i>			
Domestic only / \$35	x	_____	= \$ _____
Canada/Mexico / \$40	x	_____	= \$ _____
International / \$45	x	_____	= \$ _____

TOTAL MEMBERSHIP DUES ENCLOSED \$ _____

AALAS Foundation Contribution

Institutions/Companies can share in the Foundation's mission to support educational outreach on the essential role of responsible laboratory animal care and use in science to advance human and animal health. Please consider a tax-deductible contribution to provide support for the public outreach programs of the AALAS Foundation.

YES! I wish to contribute US \$ _____ to the AALAS Foundation.

Method of Payment:

- Visa MasterCard Check (Number: _____)
 AMEX Discover Money Order

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number—please include all digits

--	--	--	--

Month Year

Expiration Date

--	--	--	--

CVV2 Code (3 or 4 digit # on back of credit card. Required for processing.)

Signature _____

Cardholder Phone Number _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Note: Membership is for 12 months following receipt of payment. Payment must be enclosed with this application. Individuals using a purchase order will be billed; however, the membership is not processed until payment is received. Payments from Canada, Mexico, and countries outside the U.S. must be made in U.S. dollars and drawn on a U.S. bank.

Make checks payable to: AALAS. If paying by check, please submit any Foundation contributions on a separate check. Payments from Canada, Mexico, and international countries must be paid in USA dollars and issued from a USA bank. Call for details on wire transfers/EFT. **Payment Must Accompany Application.** There is a \$25 fee to change payment method and for returned checks. **Cancellations are not available for memberships.**

FOR OFFICE USE ONLY

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PAPERWORK MUST ACCOMPANY PAYMENT

5. Gold Member (Contact Person's) Signature: Our institution hereby applies for Institutional Membership in the American Association for Laboratory Animal Science.

Signature of Contact Person _____ Date _____

Name of Institution _____

6. Application Sponsor: New applicants are required to have a current National AALAS Member's signature listed below.

Print National Member Name _____ Signature _____ Membership Number _____

7. Return this application to:

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

IACUC-FORUM Listserv Form

Institutional Animal Care and Use Committee (IACUC)

- IACUC-FORUM is a member benefit for current AALAS Institutional Members. There are no fees for this service; it is included as part of your institutional membership dues.
- Current Institutional Contact Persons may enroll their IACUC members and IACUC staff on IACUC-FORUM; the IACUC members and IACUC staff who have access to the listserv are not required to be members of AALAS for the purposes of this listserv. Only individuals directly related to the IACUC are eligible to have access to the listserv.
- The Institutional Contact Person serves as the gatekeeper for the Member Institution and is the only individual authorized to request to add or remove individuals from the IACUC-FORUM listserv.
- This is a closed listserv and AALAS is the final authority regarding the operation of the listserv.
- The Institutional Contact Person is required to notify in advance any IACUC member whom they intend to add to the IACUC-FORUM listserv.

IACUC members to be added to the IACUC-FORUM Listserv

(Use the space below only to add new members. Current members of the listserv do not need to be listed.)

Please photocopy this page if additional space is needed.)

1. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

2. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

3. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

4. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

5. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

6. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

7. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

8. Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____