



AALAS Membership Application: Institutional

Annual dues payment of \$450 is required to maintain AALAS institutional membership. Membership is for 12 months following receipt of payment.

Any educational or research facility/institution, government or civilian, whose interests are promoted or aided by interaction with the AALAS scientific/educational community may apply for institutional membership in AALAS by returning this form along with the dues payment.

Institutional Member Benefits

- One Gold, two Silver, and one Bronze individual memberships (see www.aalas.org/association/membership.aspx for individual member benefits).
- Eligibility to rent the AALAS mailing list
- A \$300 discount on the rental fee of one National Meeting booth space; ATA members receive an additional \$50 discount off the entire booth space rental fee

Contact Person

The Gold Member is the contact person for your membership; he or she receives the invoice for membership renewals, and is the only person authorized to add members on behalf of the institutional member. Members may be added at any time during the year except for the 60 days preceding the AALAS National Meeting.

Facility Name _____ Member # _____

Contact Person

Receives a complimentary Gold membership..

► **Business Address:** This information will appear in the Reference Directory. You can customize your directory listing by logging in to the Member Center on www.aalas.org.

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:

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 _____

► **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.

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	

► AALAS Foundation Contribution

Optional.

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

► Payment Enclosed

Dues \$ 450

Page 2 subtotal \$ _____

Page 3 subtotal \$ _____

Foundation donation \$ _____

Total Enclosed \$ _____

► Cardholder Contact Info

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Signature _____

► **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: My organization hereby applies for institutional 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.

Silver Member Complimentary. Upgrade to Gold membership: Domestic (\$95) Canada/Mexico (\$100) International (\$105)

Upgrade \$ _____

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 Other _____

Bronze Member Complimentary. Upgrade to Gold membership: Domestic (\$145) Canada/Mexico (\$155) International (\$175)

Upgrade \$ _____

Silver membership: Domestic (\$50) Canada/Mexico (\$55) International (\$70)

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Page Subtotal \$ _____

For a complete list of AALAS individual member benefits, see www.aalas.org/association/membership.aspx.



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Optional Additional Member ★ Gold: Domestic (\$180) Canada/Mexico (\$195) International (\$220)
 ★ Silver: Domestic (\$85) Canada/Mexico (\$95) International (\$115)
 ★ Bronze: Domestic (\$35) Canada/Mexico (\$40) International (\$45)

Price \$ _____

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IACUC-FORUM Registration Form

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. IACUC-FORUM is a closed listserve; AALAS is the final authority regarding its operation. Current institutional contact persons may enroll their IACUC members and IACUC staff on IACUC-FORUM; these people need not be AALAS members.

Only individuals directly related to the IACUC are eligible to have access to IACUC-FORUM. The institutional contact person serves as the gatekeeper for the member institution, and is the only individual authorized to request that participants from their institution be added or removed from the IACUC-FORUM. The institutional contact person is required to notify in advance any IACUC member whom they intend to add to IACUC-FORUM.

IACUC members to be added to IACUC-FORUM

New IACUC-FORUM participants only; you do not need to list current IACUC-FORUM participants. Photocopy this page if additional space is needed.

Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____	Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____
Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____	Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____
Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____	Name _____ Institution _____ Address _____ _____ Phone: _____ Fax _____ Email _____
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