AALAS Member Application: **Life**

Please fill out this form and return it to the AALAS office.

Any member over 65 who has been a continuous individual member in good standing for 20 years qualifies for life membership in the association; to apply, submit this form plus a copy of your driver's license. AALAS past presidents are also granted life membership once their term as president is complete. Life membership is granted at the membership level that was maintained during the majority of the 5-year period immediately preceding the beginning of the life membership. Life members also receive free registration to the AALAS National Meeting. For information about membership benefits, see www.aalas.org/association/membership.aspx.

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 _____

Job title _____

Company name _____ 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) ☐ Do not send me AALAS publications.

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_____

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

_____

AALAS Foundation Contribution

Optional. 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. .

Account Number—please include all digits

Month Year

Expiration Date

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

▶ **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.

▶ **Total Enclosed**

Foundation donation $ _____

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.