



2024 MEMBERSHIP APPLICATION

Membership in the Upstate New York Branch AALAS is open to all persons interested in the field of Laboratory Animal Science. There are four classes of membership. Full members have voting rights and may hold office (\$25.00). Student members must be enrolled as a full time student taking an equivalent of twelve semester hours. Student members may not vote or be elected to office but may otherwise be entitled to the privileges of membership (\$15.00). Institutional memberships provide five full memberships (\$100.00). Vendor memberships provide three full memberships plus one business card per company for newsletter advertisement (\$150.00) Additional company business cards for newsletter advertisements are \$15.00 per business card.

Member benefits include reduced registration fees at Branch meetings, quarterly newsletter and educational opportunities.

Please complete the following Adobe Acrobat editable form (preferably typed or using Adobe Acrobat,) print and send with payment to:

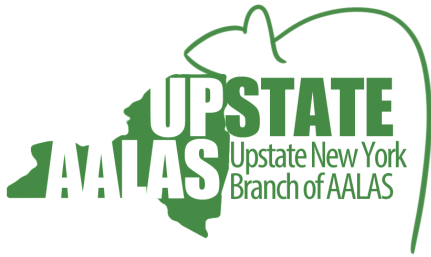
Theresa Kolb
Binghamton University-LAR
PO Box 6000
Binghamton, NY 13902-6000
607-777-6199, 607-777-3985 (fax)
tkolb@binghamton.edu

by December 31, 2023 to be included in the Membership Directory.

The membership period runs from January 1, 2024 to December 31, 2024

Please make all checks payable to the Upstate New York Branch of AALAS.

To pay by credit card, please contact Dr. Bob Quinn at 315-464-6563.



Upstate AALAS - MEMBERSHIP

The form below is most easily filled out using Adobe Acrobat. Once all fields are complete, please print, sign and mail the form with payment to the address indicated on the preceding page.

Please list only business phones and addresses — salespeople, please list the company you represent.

<input type="checkbox"/> Student Membership (\$15.00)	<input type="checkbox"/> Institutional Membership (\$100.00) - 5 names per membership	<input type="checkbox"/> Full Membership (\$25.00)	<input type="checkbox"/> Vendors (\$150.00) - 3 names plus 1 business card per membership
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Company/Institution:	
Address:	

Name:	Title:	
Email:	Phone:	National Member Number:
Name:	Title:	
Email:	Phone:	National Member Number:
Name:	Title:	
Email:	Phone:	National Member Number:
Name:	Title:	
Email:	Phone:	National Member Number:
Name:	Title:	
Email:	Phone:	National Member Number:

CERTIFICATION STATUS

ALAT, LAT, OR LATG (Attach photocopy of certificate if you were not included in last year's directory or your status has changed since last listing.)

Signature _____ Date: _____