



**ASLAP Institutional Membership Application**

Membership is for 12 months covering the period January through December.

Programs with 3-6 veterinarians: \$70 per veterinarian and \$30 per veterinary resident

Programs with more than 6 veterinarians: \$60 per veterinarian and \$30 per veterinary resident

The quarterly ASLAP newsletter, *Laboratory Animal Practitioner*, is available electronically to all members via the "Members Only" section of the website ([www.aslap.org](http://www.aslap.org)) unless a hardcopy is requested.

\*Note: *Current* ASLAP members will receive an electronic dues notice, which should be attached to the institutional membership application.

Name of Institution: \_\_\_\_\_

Institutional Contact Veterinarian: \_\_\_\_\_  ADVANCE \u  \_\_\_\_\_

Provide names below:

- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)
- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)
- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)
- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)
- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)
- \_\_\_\_\_ Veterinarian/Veterinary Resident (circle one)

**If an individual is new to ASLAP, complete the following:**

Veterinarian/Veterinary Resident (please indicate) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Hardcopy newsletter requested \_\_\_\_\_

School completed Veterinary degree \_\_\_\_\_ Year graduated\* \_\_\_\_\_

\*If student, expected graduation month/year

AVMA Member Yes/No \_\_\_\_\_ ACLAM Member Yes/No \_\_\_\_\_

Veterinarian/Veterinary Resident (please indicate) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Hardcopy newsletter requested \_\_\_\_\_

School completed Veterinary degree \_\_\_\_\_ Year graduated\* \_\_\_\_\_

\*If student, expected graduation month/year

AVMA Member Yes/No \_\_\_\_\_ ACLAM Member Yes/No \_\_\_\_\_

Veterinarian/Veterinary Resident (please indicate) \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Hardcopy newsletter requested \_\_\_\_\_  
School completed Veterinary degree \_\_\_\_\_ Year graduated\* \_\_\_\_\_  
\*If student, expected graduation month/year  
AVMA Member Yes/No                      ACLAM Member Yes/No

Veterinarian/Veterinary Resident (please indicate) \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Hardcopy newsletter requested \_\_\_\_\_  
School completed Veterinary degree \_\_\_\_\_ Year graduated\* \_\_\_\_\_  
\*If student, expected graduation month/year  
AVMA Member Yes/No                      ACLAM Member Yes/No

Veterinarian/Veterinary Resident (please indicate) \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Hardcopy newsletter requested \_\_\_\_\_  
School completed Veterinary degree \_\_\_\_\_ Year graduated\* \_\_\_\_\_  
\*If student, expected graduation month/year  
AVMA Member Yes/No                      ACLAM Member Yes/No

**Attach separate sheet if more names need to be added**

Mail your completed form with your check (payable to **ASLAP**) or FAX your completed form with credit card information.

Name: \_\_\_\_\_ Credit card type: (Visa/MC/AmEx) \_\_\_\_\_  
Address: \_\_\_\_\_ Credit card number \_\_\_\_\_  
Zip Code \_\_\_\_\_ Name on credit card \_\_\_\_\_  
Phone: \_\_\_\_\_ Credit card expiration date \_\_\_\_\_  
Email: \_\_\_\_\_ Total amount charged: \$ \_\_\_\_\_

ASLAP Coordinator  
9190 Crestwyn Hills Dr  
Memphis, TN 38125-8538  
phone: (901) 333-0498  
fax: (901) 753-0046 Email: [aslap-info@aslap.org](mailto:aslap-info@aslap.org)