



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the American Society of Laboratory Animal Practitioners

Please type or print all information

1. FULL NAME: _____
(Last) (First) (Middle)

2. PLACE OF BIRTH: _____
(City) (State)

3. COMPLETE MAILING ADDRESS: (please limit to four lines)

POSITION/DEPARTMENT _____

ORGANIZATION _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

4. TELEPHONE: () _____ FAX: () _____

E-MAIL ADDRESS _____

5. EDUCATION
Degree, Major Subject School Year Awarded

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

6. POSITIONS HELD SINCE ATTAINING DEGREE IN VETERINARY MEDICINE
(CHRONOLOGICAL ORDER)

| YEARS | POSITION | PLACE |
|-------|----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. PRESENT TITLE AND POSITION: _____

8. PROFESSIONAL AREAS OF EXPERTISE TO BE LISTED IN DIRECTORY

9. ___ I am a member of the American Veterinary Medical Association, Canadian, or Australian Veterinary Medical Association.

___ I am a member of the American College of Laboratory Animal Medicine.

10. Included with your membership is the quarterly ASLAP newsletter, *Laboratory Animal Practitioner*. The newsletter will be available electronically to all active members via the "Members Only" section of the website (www.aslap.org).

Please indicate here if you wish to receive the paper edition of the *Laboratory Animal Practitioner* by mail.

11. ___ **Regular Member Dues \$60** Prior to March 31st; thereafter \$70.

___ **Resident* Member Dues \$30** Prior to March 31st; thereafter \$40. Program Director signature required.

Signature _____ Date _____
Program Director

___ **Veterinary Student Dues \$22.50****

___ ****Special Student Rate of \$10.00** - agree to receive the ASLAP Newsletter electronically.

Membership requires an Endorsing signature by one member in good standing of the American Society of Laboratory Animal Practitioners. If you cannot obtain a signature, list the name and telephone number of a practitioner for us to call. **Signature is preferred.**

Signature _____ Date _____

12. Payment Method:
Enclosed is my check for _____ as payment of dues for the year ending _____*.

I prefer to pay by credit card:

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

NAME ON CREDIT CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ ZIP CODE _____

13. MAIL COMPLETED APPLICATION TO:
ASLAP Coordinator
P.O. Box 125
Adamstown, MD 21710
Fax: 301/874-6195

*If joining during October, November, Or December; your dues will pay for the following year.