

MICHIGAN BRANCH AALAS

2008 INDIVIDUAL MEMBERSHIP APPLICATION

Please send the completed form with the \$15.00 membership fee to:

Kelly Hill, Michigan AALAS Treasurer
MSU-ULAR
C100 Clinical Center
East Lansing, MI 48824
517-353-3256

PayPal Application # _____

New Member Current Member

Member Name

Member Name: _____

Company Name and Address

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

AALAS Certification Level

ALAT LAT LATG CMAR

Credentials

AS BS MS LVT DVM ACLAM

Other: _____

Membership Options

Do you want the AALAS newsletter and other AALAS correspondence mailed to the address above?

Yes No (If no, please provide an alternate delivery address):

Delivery Address: _____

Would you be interested in assisting MI-AALAS in any of the following ways?

Training others Monetary donation
 Participation on a committee Equipment or supplies donation

May we include your name and information in our website directory (accessible by members only)?

Yes No