



# PALMS TO PINES BRANCH, INC.

AMERICAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE

P.O. Box 223, LOMA LINDA, CALIFORNIA 92354

## 2011 MEMBERSHIP APPLICATION

I hereby apply for membership for the 2011 calendar year, in the Palms to Pines Branch of AALAS.

|                          | Level      | Dues     | Benefits  |
|--------------------------|------------|----------|---|
| <input type="checkbox"/> | INDIVIDUAL | \$20.00  | Includes a subscription to the Branch e-newsletter, reduced fees for Palms to Pines Branch sponsored activities AND access to the AALAS \ LEARNING LIBRARY.       |
| <input type="checkbox"/> | VENDOR     | \$100.00 | Includes a subscription to the Branch e-newsletter, web or hyperlink to the vendor's website or vendor's email address, AND access to the AALAS LEARNING LIBRARY. |
| <input type="checkbox"/> | STUDENT    | \$5.00   | Students must submit proof of full-time school enrollment.  |

I enclose a total of \$\_\_\_\_\_ as membership dues for the 2011 calendar year.

Send to: **MEMBERSHIP CHAIR**  
 Palms to Pines Branch AALAS  
 PO Box 223  
 Loma Linda, CA 92354

Please make checks payable to: **PALMS TO PINES BRANCH AALAS**

|                                  |   |     |
|----------------------------------|---|-----|
| Provide the following            |   |     |
| Name                             | _____                                       |     |
| Employer or Institution          | _____                                       |     |
| Address<br>(mail code, building, | _____                                       |     |
| City and State                   | _____                                       |     |
| Zip                              | _____                                       |     |
| Daytime phone number             | _____                                       |     |
| Fax number                       | _____                                       |     |
| E-mail address                   | _____                                       |     |
| Birthday (optional)              | month                                       | day |
| National AALAS                   | Yes   | No  |
| Certification level              | ALAT RALAT LAT RLAT LATG RLATG AHT/RVT CMAR |     |

A note to our members: your name will be included in the Branch Membership Directory. If you prefer not to be listed in this directory, please check the box at the left.

Yes, I wish to to have access to the AALAS Learning Library. (Requires valid email address.)