CENTRAL ILLINOIS BRANCH
OF THE
AMERICAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE

APPLICATION FOR MEMBERSHIP OR MEMBERSHIP RENEWAL 2015

Name: _____
Last First

Title: _____ Certification Level or Degrees: _____

Institution or Company: _____

Full Business Address: _____

_____

Work Phone: ( ) _____ Alternate Phone: ( )_____

EMAIL: _____

Home Address (if mailings requested to home): _____

_____

Preferred Mailing Address: Home Office
National AALAS member: Yes No

Individual Dues $2.00 per year.

Checks should be made payable to CIBAALAS and forwarded with this form to:
Tonja Henze
University of Illinois
901 S. Mathews Avenue, Room 1 Observatory
Urbana, IL 61801
Dues will be returned for any membership not approved by the board.

Signature of Applicant: _____

New applicants must be sponsored by a member in good standing and be approved by the Executive Board of CIBAALAS. Former members whose membership has lapsed for more than one year must also be sponsored.

Sponsored by: _____

Signature of Sponsor: _____