



**Laser Institute  
of America**  
*Laser Applications and Safety*

# *Individual Membership Application*



*Special  
3-Year  
Rate* for  
Active  
**CLSOs &  
CMLSOs**



## INDIVIDUAL MEMBERSHIP APPLICATION (BLS SPECIAL)

Name:  Mr.  Mrs.  Ms.  Dr.  Prof. \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

City State Postal Code Country

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### APPLICATION INTERESTS Check all that apply




- |  |   |
|--|---|
| <input type="checkbox"/> Automotive                      | <input type="checkbox"/> R&D Facility                           |
| <input type="checkbox"/> Medical Facility                | <input type="checkbox"/> Laser Manufacturer/System Builder      |
| <input type="checkbox"/> Communications                  | <input type="checkbox"/> Scientific Laser User                  |
| <input type="checkbox"/> Medical Laser User              | <input type="checkbox"/> Laser Parts & Accessories Manufacturer |
| <input type="checkbox"/> Entertainment/Outdoor           | <input type="checkbox"/> Society/Trade Association              |
| <input type="checkbox"/> Military/Government             | <input type="checkbox"/> Laser Safety Products                  |
| <input type="checkbox"/> Industrial Laser User           | <input type="checkbox"/> University/College                     |
| <input type="checkbox"/> Optical Components Manufacturer | <input type="checkbox"/> Manufacturing Facility                 |
| <input type="checkbox"/> Job Shop                        |   |

### MEMBERSHIP DUES

- |                                   |       |  |              |
|-----------------------------------|-------|--|--------------|
| <input type="checkbox"/> One-Year | \$110 | <input type="checkbox"/> <b>Three-Year</b> | <b>\$235</b> |
| <input type="checkbox"/> Two-Year | \$200 |  |              |

### METHOD OF PAYMENT

Automatic annual charge when future membership fees are due?  Yes.  No, thank you.

Amount \$ \_\_\_\_\_  Check/Money Order enclosed.      

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Authorized Signature

### LIA CONTACT CONSENT AGREEMENT FORM Fax: Yes. No. Email: Yes. No.

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the Laser Institute of America (LIA). I understand that in accordance with their Privacy Statement, LIA will not share my phone, fax, or e-mail address with a non-related third party without my prior written authorization, as expressed in the Telephone Consumer Protection Act and all subsequent revisions. Further, I understand that I can revoke this consent by contacting LIA in writing and allowing them 90 days to change my status with all subsidiaries and agents with whom they contract. I agree that my name which is included on this application affirms my consent.