



**Laser Institute  
of America**

*Laser Applications and Safety*

# *Corporate Membership Application*





## CORPORATE MEMBERSHIP APPLICATION

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

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

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

☐ Institutional \$400

☐ Corporate A (Under 1 million in annual revenue) \$400

☐ Corporate B (Between 1-10 Million in annual revenue) \$750

☐ Corporate C (Over 10 million in annual revenue) \$995

I certify that my organization is: ☐ Non-profit.  
Please check one. ☐ For-profit.

## METHOD OF PAYMENT

Automatic annual charge when future membership fees are due?

☐ Yes. ☐ No, thank you.

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



\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

CSC\*

\*The card security code (CSC) is a 3- or 4-digit number (not part of the credit card number) that appears on the back of the credit card (it appears on the front of American Express). Payment will not be processed without CSC code.

\_\_\_\_\_

Billing Address

\_\_\_\_\_

Cardholder's Name

\_\_\_\_\_

Cardholder's 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.

**Send to: Laser Institute of America | 13501 Ingenuity Drive, Suite 128 | Orlando, FL 32826**  
phone: +1.407.380.1553 | fax: +1.407.380.5588 | [www.lia.org](http://www.lia.org)