

NC Academy of Laboratory Animal Medicine (NCALAM)

Membership Application

APPLICANT INFO

Date of Application: _____ DVM _____ VMD _____ Other (please state) _____

Name: _____

Title (Director, Consultant, Professor, etc.): _____

Function (Attending, Clinical, Pathologist, Research, etc.): _____

Membership category: Full _____ Resident _____ Associate (vet student, other non-vet) _____

WORK INFO

Organization: _____

Email: _____ Phone Number: _____ (O ___ M ___)

Address:

May we share your work contact information with members? Yes _____ No _____

Please indicate if you would like to serve on any of the following NCALAM sub/committees and someone will contact you:

Program ___ Outreach ___ Election ___ WLAM ___ Membership ___ Website ___ Officer/board position ___

\$20 membership dues are payable before March 15th every year in order to be eligible for continuing education (CE) credits for both the fall and spring programs. Dues may be paid through the website, by mail, or in person. After March 15th, dues are \$30 and members are only eligible for CE credit at the fall program. Laboratory animal residents and associate members join at no cost.

Membership Dues: ___ \$20 or ___ \$30 (check one)

PAYMENT METHODS: Cash _____ Check# _____ PayPal _____

SEND THE COMPLETED FORM TO NCALAMorg@gmail.com

MAKE CHECKS/MONEY ORDERS PAYABLE TO NCALAM; PAYMENT CAN BE MADE IN PERSON OR AT A MEETING. TO MAIL PAYMENT, CONTACT NCALAMorg@gmail.com

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Office Use Only

Membership Year: _____

Date Rec'd: _____