

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 ___

Membership due notices will be emailed at the beginning of the year and may be paid through the email notice, on the website, or by mail. Annual membership dues are \$20 when paid January 1st – March 15th or \$30 after March 15th. Laboratory animal residents and associate members join at no cost and must complete a yearly membership application to be considered a member.

Membership Dues: \$20 or \$30 (circle one) PAYMENT METHODS: Cash _____ Check# _____ PayPal _____

PLEASE MAKE CHECKS PAYABLE TO NCALAM AND EMAIL ncalamorg@gmail.com FOR THE MAILING ADDRESS.

ADDITIONAL INFORMATION CAN BE FOUND ON THE WEBSITE AT WWW.NCALAM.ORG.



Submit the completed form to ncalamorg@gmail.com

Office Use Only

Membership Year: _____

Date Rec'd: _____