

Lama



LABORATORY ANIMAL MANAGEMENT ASSOCIATION

Membership Application

Name		Courtesy Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> None
Academic Degree	Professional Designation/Certification	
Title		Organizational Contact <input type="checkbox"/> Primary <input type="checkbox"/> Alternate
Company		
Address 1		
Address 2		
City, State, Zipcode		
Organization Phone Number	Organization Fax Number	
Individual Phone Number	Individual Fax Number	
Email	Website	

Email address of person requiring confirmation if other than applicant

Membership Type

\$100 Individual Member (Domestic)

\$120 Individual Member (International)

\$325 Institutional Member

Institutional Members may add up to four individuals, after that there is a \$100 charge per individual. Please attach separate membership forms with contact information for each individual.

LAMA Foundation Friend: \$ _____

(The LAMA Foundation provides scholarship funding for managers pursuing professional managerial education and training)

Payment Information

Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the LAMA. **LAMA TIN#: 52-1828124**

Please remit to: LAMA 15490 101 st Ave N #100 Maple Grove, MN 55369 Phone: 763.235.6465 Fax: 763.235.6461 www.lama-online.org	<input type="checkbox"/> Check Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
	Card Number	Expiration Date
	Cardholder Billing Address	Card Code
	City, State, Zip	

To submit this form via our [Secure Data Upload website](#) Log in with user name **lama** and password **lam321** (password is case sensitive) Skip directly to Step 3! Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.