

APPLICATION FOR MEMBERSHIP OF THE LABORATORY ANIMAL SCIENCE ASSOCIATION

Please write in BLOCK CAPITALS and make sure that you complete both sides of the form

Details of Applicant

Name and title

Qualifications*

Present post

Professional address

.....

.....

Postcode

Telephone No.

Fax No.

e-mail address

** If you have no relevant formal qualifications please attach a short CV indicating your appropriate experience*

Address for correspondence (if different from above)

Level of membership required
(Please tick)

- Individual £ 51.00
 Institutional £ 235.00 (please complete alternative form)
 Student £ 24.00

Student members should complete the following statement

I am registered as a full-time student from

(date)

until

(date)

My course of study is:

At:

.....

Declaration by the Proposer

Proposed by
(Please print)

Post or Occupation of proposer

Signature of proposer

Date

Declaration by Applicant

I wish to become a member of the Laboratory Animal Science Association

I agree with its aims and undertake, if elected, to abide by its Bylaws

Signed

Date

Please complete this box to assist in the completion of formalities

All forms should be returned to:
LASA
PO Box 3993
Tamworth
B78 3BR