



APPLICATION FOR INDIVIDUAL MEMBERSHIP OF THE LABORATORY ANIMAL SCIENCE ASSOCIATION

Please write in **BLOCK CAPITALS**

Details of Applicant:

Name and title:

Position Held:

Address:
(Inc. Company)

Postcode:

Telephone Number:

Fax Number:

E-mail Address:

Level of Membership:

Individual Membership: £55.00

Laboratory Animals
Journal (optional) £58.00

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/Occupation of proposer:

Signature of proposer:

Date:

Declaration on behalf of:

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 completion of formalities

Please attach a short paragraph in support of this application if your application is not endorsed by a member of LASA.

All forms should be returned to:
LASA, PO Box 524, Hull, HU9 9HE

Telephone: 08456 711956 E-mail: info@lasa.co.uk