

Mid-South AALAS

2024 Membership Application Individual membership \$ 10

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MSAALAS Mission Statement:

To sponsor and promote educational and training programs for its members and others who are professionally engaged in the care and handling of laboratory animals.

Please print/type your business contact information.

NAME : _____ TITLE/POSITION: _____

COMPANY/INSTITUTION: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: (_____) _____ E-MAIL ADDRESS: _____

Check if you approve of being included in the Midsouth Directory

Individual Certification Status (circle as applicable): ALAT LAT LATG

National AALAS Member: No Yes - AALAS Member Number: _____

Please check one: _____ MEMBERSHIP RENEWAL _____ NEW MEMBER

If not an AALAS member, provide a sponsor name and institution:

Please make check payable to MSAALAS and send with this form to the MSAALAS Secretary or credit card payment can be made at <https://squareup.com/store/mid-south-aalas> and form emailed to gcdavis1@ua.edu.

MSAALAS
c/o Glenda Davis
The University of Alabama
Rose Administration 166
Box 870127
Tuscaloosa, AL 35487

Note: Credit card payments will have an extra fee for processing costs. This membership is valid through 12/31/2024. Membership may be renewed annually thereafter.

www.midsouthaalas.org • Follow us on Facebook (search “Mid-South AALAS”)

Mid-South AALAS

2024 Membership Application Institutional membership: 1 – 10 members \$ 100

MSAALAS Mission Statement:

To sponsor and promote educational and training programs for its members and others who are professionally engaged in the care and handling of laboratory animals.

Please print/type your business contact information for primary contact:

NAME : _____ TITLE/POSITION: _____

COMPANY/INSTITUTION: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: (_____) _____ E-MAIL ADDRESS: _____

Fill out the form below making sure you list every institutional member’s name, email and information requested. Alternatively, you can provide a spreadsheet with the same information.

Institution Members

Name	Email	Individual Certification Status (Circle as applicable)	National AALAS Member No.	Include in Midsouth Directory
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No

Mid-South AALAS

2024 Membership Application Institutional membership: 1 – 10 members \$ 100

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Mid-South AALAS

2024 Membership Application Institutional membership: 11 – 25 members \$ 200

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NAME : _____ TITLE/POSITION: _____

COMPANY/INSTITUTION: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

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Institution Members

Name	Email	Individual Certification Status (Circle as applicable)	National AALAS Member No.	Include in Midsouth Directory
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No

Mid-South AALAS

2024 Membership Application Institutional membership: 11 – 25 members \$ 200

COMPANY/INSTITUTION: _____

Name	Email	Individual Certification Status (Circle as applicable)	National AALAS Member No.	Include in Midsouth Directory
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No
		ALAT LAT LATG		[] Yes [] No

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Mid-South AALAS

2024 Membership Application Institutional membership: 25+ members \$ 300

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