

Central Ohio Branch of the
American Association of Laboratory Animal Science
Membership Application



Make checks payable to:
COB AALAS

Send membership applications &
payment to:
Crystal Sims
The Ohio State University
Wiseman Hall, Room 101
400 West 12th Avenue
Columbus, OH 43210

<u>Membership Level</u>	<u>Dues</u>
Professional/Vendor -Includes 2 memberships and ad placement on website. Additional memberships available for \$25 ea.	\$80



_____	_____
Member name #1, Certification level	Job title, Institution
_____	_____
Mailing address	City, State, Zip
_____	_____
Email address	Phone
_____	_____
Member name #2, Certification level	Job title, Institution
_____	_____
Mailing address	City, State, Zip
_____	_____
Email address	Phone

Renewal New member *Sponsorship by a member in good standing is required for new memberships

_____	_____
Sponsor name	Sponsor signature

Are you a member of National AALAS? Yes No If yes, please list member #: _____

Please indicate any committees you are interested to serve on:

Awards Elections Events Membership Publicity

COBAALAS Annual Membership is from March 1 through February 28.
Membership fees and application are due by March 1

If you do **NOT** grant permission to COBAALAS to print pictures containing your image in any communications please initial here. _____

For membership committee use only:

Date received: _____ Calendar year: _____ Payment type: _____ Amount: _____

Ad received for vendor form: _____