

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



Applications can be filled out/printed and paid for at [www.cobaalas.org/membership](http://www.cobaalas.org/membership) e-mail completed apps to:

[andrea.glaspell@nationwidechildrens.org](mailto:andrea.glaspell@nationwidechildrens.org)

Check payments and applications can be mailed to Andi as well. Contact above e-mail for mailing address.

Make checks payable to COB AALAS

<u>Membership Level</u>	<u>Dues</u>
Student	\$15
Individual/Non-certified	\$25
Assistant Technician (ALAT)	\$25
Technician (LAT)	\$25
Technologist (LATG)	\$25

_____	_____
Member name, 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 January 1 through December 31.  
 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: \_\_\_\_\_ Check number: \_\_\_\_\_ Amount: \_\_\_\_\_