

Come Transform Research™

MEMBERSHIP APPLICATION

Personal Information*

First Name	Last Name	Year of Birth	Highest Degree Earned
Job Title	Company Name		
<input type="checkbox"/> Work <input type="checkbox"/> Home			
Preferred Mailing Address	Street Address		
City	State/Province	Zip/Postal Code	Country
Telephone	Fax	Email	

*Please fill out all of the fields above to complete this membership application.

Opt Out Email Postal Share (see online form)

Membership Options:

Membership Type	BSS Section	LAS Section	SLAS Plus Both Sections
Regular	\$120	\$120	\$200
Emerging Economy	\$60	\$60	\$100
Student	\$25	\$25	\$50
Early Career Professional	\$60	\$60	\$100
Retired	\$60	\$60	\$100

Additional Information:

- All memberships are renewable on a calendar year basis and run from January 1–December 31. The annual dues will be prorated depending upon the month in which you join.
- Corporate Memberships are available for businesses or organizations interested in advancement of laboratory automation and screening.
- For more information, contact SLAS Member Services at slas@slas.org, 877.990.SLAS or +1.630.256.SLAS.
- Fax completed form to +1.866.208.0291

Payment Method:

Membership Type: _____ Membership Section: _____ Amount: _____

Check – Please make all checks payable to SLAS (U.S. dollars drawn on a U.S. Bank only)

Credit Card: _____
(Number) Visa, MasterCard, American Express, Discover Exp. Date Three-Digit Security Code (if applicable)

Name as it Appears on Card (Please Print)

Authorized Signature

JOIN ONLINE TODAY: Join, renew or upgrade your existing membership at SLAS.org/membership.