



ACLA ASSOCIATE MEMBERSHIP

Application

Company/Organization Name: _____

Individual Contact Information (please print):

Name/Title: _____

E-mail: _____

Phone: _____

Street: _____

City/State/Zip Code: _____

Annual Dues – Please check all that apply

- | | | |
|---|---|------------|
| <input type="checkbox"/> For-profit companies | <input type="checkbox"/> over \$500 million revenue | \$ 50,000* |
| | <input type="checkbox"/> \$100 million to \$500 million | \$ 25,000* |
| | <input type="checkbox"/> \$0 to \$100 million | \$ 5,000 |
| <input type="checkbox"/> Professional Service Firms (legal, consulting, investment) | | \$ 5,000 |
| <input type="checkbox"/> Non-profit companies | | \$ 2,000 |

***Payment Process** – Two checks should be submitted for those companies whose annual dues are in the \$25,000 or \$50,000 amount. Because one half of the dues amounts will be contributed to the “**Results for Life**” educational campaign, a 501©3 organization, one check for half of the dues amount should be payable to **ACLA**, one check for half of the dues amount payable to **Results for Life**.

Please return completed application and check(s) to:

Cheryl Hawkins
American Clinical Laboratory Association
1100 New York Avenue, NW, Suite 725 West
Washington, DC 20005
chawk@clinical-labs.org
(202) 637-9466