



**Laser Institute  
of America**  
*Laser Applications and Safety*

# *Individual Membership Application*





# Laser Institute of America

Laser Applications and Safety



## INDIVIDUAL MEMBERSHIP APPLICATION

Name:  Mr.  Mrs.  Ms.  Dr.  Prof. \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Postal Code Country

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## APPLICATION INTERESTS

Check all that apply




- Automotive
- Medical Facility
- Communications
- Medical Laser User
- Entertainment/Outdoor
- Military/Government
- Industrial Laser User
- Optical Components Manufacturer
- Job Shop
- R&D Facility
- Laser Manufacturer/System Builder
- Scientific Laser User
- Laser Parts & Accessories Manufacturer
- Society/Trade Association
- Laser Safety Products
- University/College
- Manufacturing Facility

## MEMBERSHIP DUES

- One-Year \$110     Two-Year \$200     Retired \$55     Student \$55

## METHOD OF PAYMENT

Automatic annual charge when future membership fees are due?  Yes.  No, thank you.

Amount \$ \_\_\_\_\_  Check/Money Order enclosed.      

\_\_\_\_\_  
Card Number Expiration Date

\_\_\_\_\_  
Authorized Signature

## LIA CONTACT CONSENT AGREEMENT FORM

Fax:  Yes.  No. Email:  Yes.  No.

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the Laser Institute of America (LIA). I understand that in accordance with their Privacy Statement, LIA will not share my phone, fax, or e-mail address with a non-related third party without my prior written authorization, as expressed in the Telephone Consumer Protection Act and all subsequent revisions. Further, I understand that I can revoke this consent by contacting LIA in writing and allowing them 90 days to change my status with all subsidiaries and agents with whom they contract. I agree that my name which is included on this application affirms my consent.

**Send to: Laser Institute of America | 13501 Ingenuity Drive, Suite 128 | Orlando, FL 32826**  
phone: 407-380-1553 | fax: 407-380-5588 | [www.laserinstitute.org](http://www.laserinstitute.org) | email: [membership@laserinstitute.org](mailto:membership@laserinstitute.org)