

LIA CORPORATE MEMBERSHIP:

# YOUR LINK TO THE GLOBAL LASER NETWORK



## JOIN LIA TODAY!

Gain extra exposures and benefits by joining LIA as a corporate member today!

### MEMBERSHIP BENEFITS

- Discounts on all LIA advertising opportunities.
- Discounts on registrations to LIA courses, conferences and workshops.
- Discounts on exhibit space at LIA conferences and workshops.
- Complimentary online subscription to the peer reviewed *Journal of Laser Applications*®.
- Complimentary access to LIA's educational online video database.
- Complimentary listing in LIA's online corporate membership directory.
- Referrals – we refer interested parties and potential customers to our corporate members.
- And more!



**Laser Institute  
of America**

*Laser Applications and Safety*

## CORPORATE MEMBERSHIP APPLICATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof.

Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

### APPLICATION INTERESTS

Check all that apply

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

### ANNUAL MEMBERSHIP DUES

- |   |  |
|---|--|
| <input type="checkbox"/> Institutional (Institutions or Non-Profit Organizations) \$450 | <input type="checkbox"/> Corporate C (Between 10-50 Million in annual revenue) \$1,095           |
| <input type="checkbox"/> Corporate A (Under 1 million in annual revenue) \$450          | <input type="checkbox"/> Corporate D (Between 50-250 Million in annual revenue) \$2,095          |
| <input type="checkbox"/> Corporate B (Between 1-10 Million in annual revenue) \$850     | <input type="checkbox"/> Corporate E (Between 250 Million - 1 billion in annual revenue) \$3,095 |
|   | <input type="checkbox"/> Corporate F (Over 1 billion in annual revenue) \$4,595                  |

I certify that my organization is: ☐ Non-profit.  
Please check one. ☐ For-profit.

### METHOD OF PAYMENT

Automatic annual charge when future membership fees are due? ☐ Yes. ☐ No.

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



Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC\*: \_\_\_\_\_

\*The card security code (CSC) is 3- or 4-digit number (not part of the credit card number) that appears on the back of the credit card (it appears on the front of American Express). Payment will not be processed without CSC code.

Billing Address: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_ Cardholder's 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: +1.407.380.1553 | fax: +1.407.380.5588 | www.lia.org | email: membership@lia.org