BECOME A PART OF THE LASER COMMUNITY!



Why face the challenges of laser technology alone? Join today and make LIA and its members a part of your team.

MEMBERSHIP BENEFITS

- Discounts on registrations to LIA courses, conferences and workshops.
- Discounts on LIA publications, videos and safety training guides.
- Complimentary online subscription to the peer reviewed Journal of Laser Applications®.
- Complimentary access to LIA's educational online video database.
- Networking opportunities throughout the year.
- Special student membership rates are available.
- And more!











INDIVIDUAL MEMBERSHIP APPLICATION

| □ Mr. □ Mrs. □ Ms. □ Dr. □ | Prof. | | | |
|---|--|--|---|--|
| Name: | | | | |
| Title: | Indus | try: | | |
| Organization: | | | | |
| Address: | | | | |
| City: | State: | Postal Code | : | |
| Country: | | | | |
| Phone: | | Fax: | | |
| Email: | Website: | | | |
| APPLICATION INTERESTS | Check all that apply | | | |
| ☐ Automotive | □ R&D Facility | | | |
| ☐ Medical Facility | □ [| ☐ Laser Manufacturer/System Builder | | |
| □ Communications | | ☐ Scientific Laser User | | |
| ☐ Medical Laser User | ☐ Laser Parts & Accessories Manufacturer | | | |
| ☐ Entertainment/Outdoor | ☐ Society/Trade Association | | | |
| ☐ Military/Government | ☐ Laser Safety Products | | | |
| ☐ Industrial Laser User | ☐ University/College | | | |
| ☐ Optical Components Manufacturer | ☐ Manufacturing Facility | | | |
| ☐ Job Shop | | | | |
| MEMBERSHIP DUES | | | | |
| □ One-Year | \$110 | ☐ One-Year Retired | ^{\$} 55 | |
| ☐ Two-Year | \$200 | ☐ One-Year Student | ^{\$} 25 | |
| □ Lifetime | \$1,100 | | | |
| METHOD OF PAYMENT Automatic annual charge when future in the Check/Mo | membership fees a | *The card security code (the credit card number) | CSC) is 3- or 4-digit number (not part of that appears on the back of the credit card of American Express). Payment will not be | |
| Card Number | Expiration Da | processed without CSC | | |
| Billing Address | | Cardholder's Name | Cardholder's Signature | |
| | | | | |

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.

Email: ☐ Yes. ☐ No.

LIA CONTACT CONSENT AGREEMENT FORM Fax:

Yes.

No.