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INDIVIDUAL MEMBERSHIP APPLICATION (BLS SPECIAL)

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☐ Industrial Laser User  ☐ Optical Components Manufacturer
☐ Job Shop  ☐ R&D Facility
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Amount $ ___________________  ☐ Check/Money Order enclosed.

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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.

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