

LIA INDIVIDUAL MEMBERSHIP:
BECOME A PART OF THE LASER COMMUNITY!

SPECIAL 3-YEAR RATE
— FOR ACTIVE —
CLSOs & CMLSOs



JOIN LIA TODAY!

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!



www.lia.org/membership



membership@lia.org



+1.407.380.1553



INDIVIDUAL MEMBERSHIP APPLICATION (BLS SPECIAL)

Mr. Mrs. Ms. Dr. Prof. CLSO /CMLSO ID: _____
 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"/> Medical Facility |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Medical Laser User |
| <input type="checkbox"/> Entertainment/Outdoor | <input type="checkbox"/> Military/Government |
| <input type="checkbox"/> Industrial Laser User | <input type="checkbox"/> Optical Components Manufacturer |
| <input type="checkbox"/> Job Shop | <input type="checkbox"/> R&D Facility |
| <input type="checkbox"/> Laser Manufacturer/System Builder | <input type="checkbox"/> Scientific Laser User |
| <input type="checkbox"/> Laser Parts & Accessories Manufacturer | <input type="checkbox"/> Society/Trade Association |
| <input type="checkbox"/> Laser Safety Products | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Manufacturing Facility | |

MEMBERSHIP DUES

<input type="checkbox"/> One-Year	\$110	<input type="checkbox"/> BLS Three-Year Special	\$235
<input type="checkbox"/> Two-Year	\$200		

METHOD OF PAYMENT

Amount \$ Check/Money Order enclosed.

Card Number

Expiration Date CSC*

Billing Address Cardholder's Name Cardholder's Signature

*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.

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.