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!
**INDIVIDUAL MEMBERSHIP APPLICATION (BLS SPECIAL)**

- **Name:** ____________________________  
  **Title:** ____________________________  
  **Industry:** ____________________________  
  **Organization:** ____________________________  
  **Address:** ____________________________  
  **City:** ____________________________  
  **State:** ____________________________  
  **Postal Code:** ____________________________  
  **Country:** ____________________________  
  **Phone:** ____________________________  
  **Fax:** ____________________________  
  **Email:** ____________________________  
  **Website:** ____________________________

**APPLICATION INTERESTS**  
Check all that apply

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

**MEMBERSHIP DUES**

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>One-Year</td>
<td>$110</td>
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<tr>
<td>Two-Year</td>
<td>$200</td>
</tr>
<tr>
<td>BLS Three-Year Special</td>
<td>$235</td>
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**METHOD OF PAYMENT**

- Amount $ ________  
- [ ] Check/Money Order enclosed.  
- [ ] VISA  
- [ ] MasterCard  
- [ ] American Express  
- [ ] Discover  
- [ ] Other  

  **Card Number:**  
  **Expiration Date:**  
  **CSC:**

**BILLING ADDRESS**

- [ ] [ ]  
  **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.