

ACLA Associate Member Application

Company/Organization Name: _____

Individual Contact Information (please print):

Name/Title: _____

E-mail: _____

Phone: _____

Street: _____

City/State/Zip Code: _____

Annual Dues – Please check all that apply

- | | | |
|---|---|-----------|
| <input type="checkbox"/> For-profit companies | <input type="checkbox"/> over \$500 million revenue | \$ 50,000 |
| | <input type="checkbox"/> \$100 million to \$500 million | \$ 25,000 |
| | <input type="checkbox"/> \$0 to \$100 million | \$ 5,000 |
| <input type="checkbox"/> Professional Service Firms (legal, consulting, investment) | | \$ 5,000 |
| <input type="checkbox"/> Non-profit companies | | \$ 2,000 |

Payment Process – Checks should be made payable to The American Clinical Laboratory Association.

Please return completed application and check(s) to:

Cheryl Hawkins
American Clinical Laboratory Association
1201 Pennsylvania Avenue, NW, Suite 810
Washington, DC 20004
chawk@acla.com
(202) 637-9466