



**APPLICATION FORM 2005**

(9/1/2005 - 8/31/2006)

Regular Member - \$160     Student Member - \$25\*

\*\*International: Postage Surcharge \$20

NAME: \_\_\_\_\_  
Last First Middle Initial

INSTITUTION/COMPANY: \_\_\_\_\_

BUSINESS: \_\_\_\_\_  
Position Department

BUSINESS ADDRESS: \_\_\_\_\_  
Street Address City State/Province Zip/Postal Code Country

HOME ADDRESS: \_\_\_\_\_  
Street Address City State/Province Zip/Postal Code Country

WHICH ADDRESS WOULD YOU PREFER US TO USE:     Business     Home

PHONE: \_\_\_\_\_  
Business Home

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EDUCATION: \_\_\_\_\_ DEGREE: \_\_\_\_\_ OTHER: \_\_\_\_\_

School and city: \_\_\_\_\_

Degree and year: \_\_\_\_\_

**PROFESSIONAL ACTIVITIES:**

Special areas of interest: \_\_\_\_\_

Honors, Scholarships, etc.: \_\_\_\_\_

Certificates, Registries, etc.: \_\_\_\_\_

Membership in professional organizations: \_\_\_\_\_

AGREEMENT:    I hereby apply for membership in the Clinical Ligand Assay Society and agree to abide by its Constitution and Bylaws and support its objectives.

**X** \_\_\_\_\_

SIGNATURE DATE

\* For Student Memberships, please be sure to attach the letter from your Department Head

\*\* For international memberships please add \$20 for additional postage costs

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Visa, Mastercard or American Express accepted

Please mail or fax completed Membership Form with payment (check or credit card) to:

CLINICAL LIGAND ASSAY SOCIETY  
3139 S. Wayne Road  
Wayne, MI 48184  
PH: 734-722-6290    FAX: 734-722-7006

**REFERRED BY:**  
\_\_\_\_\_