



CANADIAN ASSOCIATION FOR LABORATORY ANIMAL MEDICINE

L'ASSOCIATION CANADIENNE DE LA MÉDECINE DES ANIMAUX DE LABORATOIRE

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Name of Institution

Street Address

City

Province

Postal Code

Payment

Payment By Cheque:

Institutional Member Dues \$350.00

PLEASE COMPLETE AND RETURN TO:

CALAM/ACMAL c/o Absolute Conferences & Events Inc
6 Lansing Square, Suite 214, Toronto, ON M2J 1T5
Fax: 416-979-1819

Payment Online:

Institutional Member Dues \$360.00

PLEASE COMPLETE PAYMENT VIA PAYPAL

ONLINE: <http://calam-acmal.org/join>

Veterinarians Included in Membership (list up to 6 veterinarians)

Contact Information for MEMBER 1

First Name Last Name Middle Name

Position/Department Email Address

Work Phone Cell(optional) Fax

Veterinary Education

Degree School Year Awarded

Jurisdiction of Veterinary License License #

Application Endorsed By

Name Signature Date

OR have endorsing member e-mail membership@calam-acmal.org



Contact Information for MEMBER 2

First Name Last Name Middle Name

Position/Department Email Address

Work Phone Cell(optional) Fax

Veterinary Education

Degree School Year Awarded

Jurisdiction of Veterinary License License #

Application Endorsed By

Name Signature Date

OR have endorsing member e-mail membership@calam-acmal.org

Contact Information for MEMBER 3

First Name Last Name Middle Name

Position/Department Email Address

Work Phone Cell(optional) Fax

Veterinary Education

Degree School Year Awarded

Jurisdiction of Veterinary License License #

Application Endorsed By

Name Signature Date

OR have endorsing member e-mail membership@calam-acmal.org

**Contact Information for MEMBER 4**

First Name	Last Name	Middle Name
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Position/Department	Email Address
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Work Phone	Cell(optional)	Fax
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Veterinary Education

Degree	School	Year Awarded
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Jurisdiction of Veterinary License	License #
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Application Endorsed By

Name	Signature	Date
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OR have endorsing member e-mail membership@calam-acmal.org

Contact Information for MEMBER 5

First Name	Last Name	Middle Name
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Position/Department	Email Address
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Work Phone	Cell(optional)	Fax
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Veterinary Education

Degree	School	Year Awarded
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Jurisdiction of Veterinary License	License #
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Application Endorsed By

Name	Signature	Date
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OR have endorsing member e-mail membership@calam-acmal.org

**Contact Information for MEMBER 6**

First Name	Last Name	Middle Name
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Position/Department	Email Address
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Work Phone	Cell(optional)	Fax
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Veterinary Education

Degree	School	Year Awarded
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Jurisdiction of Veterinary License	License #
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Application Endorsed By

Name	Signature	Date
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OR have endorsing member e-mail membership@calam-acmal.org