



CANADIAN ASSOCIATION FOR LABORATORY ANIMAL MEDICINE

L'ASSOCIATION CANADIENNE DE LA MÉDECINE DES ANIMAUX DE LABORATOIRE

## APPLICATION FOR\*NEW\*MEMBERSHIP (Individual or Student)

I hereby apply for membership in the Canadian Association for Laboratory Animal Medicine/L'association Canadienne de la Médecine des Animaux de Laboratoire.

*\*If joining during October, November, or December, your dues will pay for the following year.*

### Contact Information

First Name Last Name Middle Name

Position/Department Organization

Street Address

City Province Postal Code

Work Phone Cell (optional) Fax

E-mail Address

### Veterinary Education

Degree School Year Awarded

*Students: Expected Graduation Date*

Jurisdiction of Veterinary License License #

*Required information, unless application is for Student Membership*

### Application Endorsed By (Must be a current member of CALAM/ACMAL)

**OR** have endorsing member e-mail [membership@calam-acmal.org](mailto:membership@calam-acmal.org)

Name Signature Date

#### Payment By Cheque:

- Individual Member Dues \$85.00  
 Veterinary Student Member Dues \$35.00

#### 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:

- Individual Member Dues \$90.00  
 Veterinary Student Member Dues \$40.00

#### PLEASE COMPLETE PAYMENT VIA PAYPAL

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