



CANADIAN ASSOCIATION FOR LABORATORY ANIMAL MEDICINE
 L'ASSOCIATION CANADIENNE DE LA MÉDECINE DES ANIMAUX DE LABORATOIRE

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

1. Name of Institution: _____

2. Mailing Address: Street _____

City _____ Province _____ Postal Code _____

3. Veterinarians Included in Membership (list up to 6 veterinarians):

Member 1					
Full Name _____					
		(Last)	(First)	(Middle)	
Position/Department _____			Email _____		
Work Phone _____		Cell _____		Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____	License #* _____	
For new members^, endorsed by: _____					
		Signature	Print Name	Date	

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing.

Member 2					
Full Name _____					
		(Last)	(First)	(Middle)	
Position/Department _____			Email _____		
Work Phone _____		Cell _____		Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____	License #* _____	
For new members^, endorsed by: _____					
		Signature	Print Name	Date	

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing

Member 3			
Full Name _____			
	(Last)	(First)	(Middle)
Position/Department _____		Email _____	
Work Phone _____	Cell _____	Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____
			License #* _____
For new members^, endorsed by: _____			
	Signature	Print Name	Date

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing.

Member 4			
Full Name _____			
	(Last)	(First)	(Middle)
Position/Department _____		Email _____	
Work Phone _____	Cell _____	Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____
			License #* _____
For new members^, endorsed by: _____			
	Signature	Print Name	Date

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing.

Member 5			
Full Name _____			
	(Last)	(First)	(Middle)
Position/Department _____		Email _____	
Work Phone _____	Cell _____	Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____
			License #* _____
For new members^, endorsed by: _____			
	Signature	Print Name	Date

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing.

Member 6			
Full Name _____			
	(Last)	(First)	(Middle)
Position/Department _____		Email _____	
Work Phone _____	Cell _____	Fax _____	
Degree _____	School _____	Year Awarded _____	Jurisdiction of License* _____
			License #* _____
For new members^, endorsed by: _____			
	Signature	Print Name	Date

***Required information**

^New membership requires an endorsing signature by a CALAM/ACMAL member in good standing.

4. Payment:

Institutional member dues \$300.00

5. Mail completed application with cheque payable to CALAM/ACMAL to:

Richard Hodges, CALAM Treasurer
 CTC Bldg. 2nd Floor
 194 Dafoe Road
 Winnipeg, MB R3T 2N2