



APPLICATION FOR *NEW* INDIVIDUAL OR STUDENT MEMBERSHIP

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

1. Full Name: _____
(Last) (First) (Middle)

2. Complete Mailing Address:

Position/Department _____ Organization _____

Street Address _____

City _____ Province _____ Postal Code _____

Work Phone _____ Cell(optional) _____ Fax _____

email address _____

3. Veterinary Education:

Degree	School	Year Awarded*	Jurisdiction of License**	License #**
_____	_____	_____	_____	_____

*If student, please indicate expected graduation month/year

**Required information, unless application is for student membership

4. Application endorsed by: ^

Signature

Print Name

Date

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

5. Payment:

Individual member dues	\$75.00	_____
Student member dues	\$35.00	_____

6. 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