



**Laser Institute
of America**

Laser Applications and Safety



Corporate Membership Application



Laser Institute of America

Laser Applications and Safety



CORPORATE MEMBERSHIP APPLICATION

Name: Mr. Mrs. Ms. Dr. Prof. _____

Title: _____

Organization: _____

Address: _____
Street

City State Postal Code Country

Phone: _____ Fax: _____

Email: _____ Website: _____

APPLICATION INTERESTS

Check all that apply

- Automotive
- Medical Facility
- Communications
- Medical Laser User
- Entertainment/Outdoor
- Military/Government
- Industrial Laser User
- Optical Components Manufacturer
- Job Shop
- R&D Facility
- Laser Manufacturer/System Builder
- Scientific Laser User
- Laser Parts & Accessories Manufacturer
- Society/Trade Association
- Laser Safety Products
- University/College
- Manufacturing Facility




MEMBERSHIP DUES

- Institutional \$400
- Corporate A (Under 1 million in annual revenue) \$400
- Corporate B (Between 1-10 Million in annual revenue) \$750
- Corporate C (Over 10 million in annual revenue) \$995

I certify that my organization is: Non-profit.
Please check one. For-profit.

METHOD OF PAYMENT

Automatic annual charge when future membership fees are due? Yes. No, thank you.

Amount \$ _____ Check/Money Order enclosed.   

Card Number Expiration Date

Authorized Signature

LIA CONTACT CONSENT AGREEMENT FORM

Fax: Yes. No. Email: Yes. No.

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the Laser Institute of America (LIA). I understand that in accordance with their Privacy Statement, LIA will not share my phone, fax, or e-mail address with a non-related third party without my prior written authorization, as expressed in the Telephone Consumer Protection Act and all subsequent revisions. Further, I understand that I can revoke this consent by contacting LIA in writing and allowing them 90 days to change my status with all subsidiaries and agents with whom they contract. I agree that my name which is included on this application affirms my consent.

Send to: Laser Institute of America | 13501 Ingenuity Drive, Suite 128 | Orlando, FL 32826
phone: 407-380-1553 | fax: 407-380-5588 | www.laserinstitute.org | email: membership@laserinstitute.org