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MEMBERSHIP BENEFITS

• Discounts on all LIA advertising opportunities.
• Discounts on registrations to LIA courses, conferences and workshops.
• Discounts on exhibit space at LIA conferences and workshops.
• Complimentary online subscription to the peer reviewed Journal of Laser Applications®.
• Complimentary access to LIA’s educational online video database.
• Complimentary listing in LIA’s online corporate membership directory.
• Referrals – we refer interested parties and potential customers to our corporate members.
• And more!

www.lia.org/membership membership@lia.org +1.407.380.1553
CORPORATE MEMBERSHIP APPLICATION

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Prof.
Name: ____________________________________________ Industry: __________________________
Title: ____________________________________________ Organization: __________________________
Address: ___________________________________ City: ___________________ State: ____________ Postal Code: ____________
Country: ________________________________________
Phone: ___________________ Fax: ___________________ Email: ___________________ Website: ____________

APPLICATION INTERESTS
☐ 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

ANNUAL MEMBERSHIP DUES
☐ Institutional (Institutions or Non-Profit Organizations) $450
☐ Corporate A (Under 1 million in annual revenue) $450
☐ Corporate B (Between 1-10 Million in annual revenue) $850
☐ Corporate C (Between 10-50 Million in annual revenue) $1,095
☐ Corporate D (Between 50-250 Million in annual revenue) $2,095
☐ Corporate E (Between 250 Million - 1 billion in annual revenue) $3,095
☐ Corporate F (Over 1 billion in annual revenue) $4,595

I certify that my organization is:  ☐ Non-profit.  ☐ For-profit.
P
METHOD OF PAYMENT
Automatic annual charge when future membership fees are due?  ☐ Yes.  ☐ No.
Amount $ __________________ Check/Money Order enclosed.  ☐

Card Number __________________ Expiration Date __________________ CSC* __________________
Billing Address __________________ Cardholder’s Name __________________ Cardholder’s Signature __________________

*The card security code (CSC) is 3- or 4-digit number (not part of the credit card number) that appears on the back of the credit card (it appears on the front of American Express). Payment will not be processed without CSC code.

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.