BECOME A PART OF THE LASER COMMUNITY!



Why face the challenges of laser technology alone? Join today and make LIA and its members a part of your team.

MEMBERSHIP BENEFITS

- Discounts on registrations to LIA courses, conferences and workshops.
- Discounts on LIA publications, videos and safety training guides.
- Complimentary online subscription to the peer reviewed Journal of Laser Applications®.
- Complimentary access to LIA's educational online video database.
- Networking opportunities throughout the year.
- Special student membership rates are available.
- And more!











INDIVIDUAL MEMBERSHIP APPLICATION

\square Mr. \square Mrs. \square Ms. \square Dr. \square	Prof.			
Name:				
Title:	Indus	stry:		
Organization:				
Address:				
City:	State:	Postal Code:		
Country:				
Phone:		Fax:		
Email:	Website:			
APPLICATION INTERESTS c	heck all that apply			
☐ Automotive		□ R&D Facility		
☐ Medical Facility		☐ Laser Manufacturer/System Builder		
□ Communications		☐ Scientific Laser User		
☐ Medical Laser User		☐ Laser Parts & Accessories Manufacturer		
☐ Entertainment/Outdoor		☐ Society/Trade Association		
☐ Military/Government		☐ Laser Safety Products		
☐ Industrial Laser User		☐ University/College		
☐ Optical Components Manufacturer		☐ Manufacturing Facility		
☐ Job Shop		□ Other		
MEMBERSHIP DUES				
□ One-Year	\$110	☐ One-Year Retired	^{\$} 55	
☐ Two-Year	\$200	☐ One-Year Student	^{\$} 25	
□ Lifetime	\$1,100			
		12001 Research Pkwy, Ste 210, Orlando and call our office for payment: +1.407.3		
Amount \$	oney Order enclosed.			
Automatic annual charge when future	membership fees	are due? □ Yes. □ No.		
Signature				

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.

Email: ☐ Yes. ☐ No.

LIA CONTACT CONSENT AGREEMENT FORM