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

Check all that apply

ANNUAL MEMBERSHIP DUES

☐ Institutional (Institutions or Non-Profit Organizations) $450  ☐ Corporate C (Between 10-50 Million in annual revenue) $1,095
☐ Corporate A (Under 1 million in annual revenue) $450  ☐ Corporate D (Between 50-250 Million in annual revenue) $2,095
☐ Corporate B (Between 1-10 Million in annual revenue) $850  ☐ 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.

Please check one.

METHOD OF PAYMENT

Automatic annual charge when future membership fees are due?  ☐ Yes.  ☐ No.

Amount $ ____________  ☐ Check/Money Order enclosed.  ☐ VISA  ☐ MasterCard  ☐ American Express

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

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.