



Participation as an AAALAC International Member Organization allows an organization to demonstrate its commitment to responsible animal care and use.



## Application to become an AAALAC International Member Organization

Please provide the following information for consideration with your application for membership and certify that all materials have been submitted by signing below

- Completed Membership Application
- Mission statement or statement of purpose
- Membership prerequisites
- Current Bylaws
- Annual report, including annual budget and tax status
- Position statement and/or policy affirming the importance of appropriate animal care and use
- Instructions to authors or grantees as it relates to the care and use of animals in research
- Examples of, or references to, publications (e.g., journals, newsletters)

A general brochure may cover some items requested and is appropriate to submit.

All information will be assembled and presented to the AAALAC International Executive Committee for review. Following their recommendation and Board of Trustees approval, your organization will be notified.

Signature of Executive Director  
or Organizational Leader  
(typed name will serve as signature)

Date

# Membership Application

<b>Name of Organization</b>	<input type="text"/>
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<b>Executive Director or Organizational Leader</b>	
Full Name (degree/certification, if any):	<input type="text"/>
Mailing Address:	<input type="text"/>
Telephone Number:	<input type="text"/> Fax Number: <input type="text"/>
Email Address:	<input type="text"/>

<b>Organizational Point of Contact</b> (This individual will receive communications regarding Representative appointments, invoices, etc.)	
Full Name (degree/certification, if any):	<input type="text"/>
Title:	<input type="text"/>
Mailing Address:	<input type="text"/>
Telephone Number:	<input type="text"/> Fax Number: <input type="text"/>
Email Address:	<input type="text"/>

<b>Individual who will serve as Representative on the AAALAC International Board of Trustees</b> (This is a three year appointment. Representatives are expected to attend Board meetings.)	
Full Name (degree/certification, if any):	<input type="text"/>
Title:	<input type="text"/>
Mailing Address:	<input type="text"/>
Telephone Number:	<input type="text"/> Fax Number: <input type="text"/>
Email Address:	<input type="text"/>