



# National Cooperation for Laboratory Accreditation

*"Reliable Results through Recognized Accreditation"*

## MEMBERSHIP APPLICATION FORM

Name of Organization: \_\_\_\_\_

Name of Delegate to NACLA: \_\_\_\_\_ Title: \_\_\_\_\_

Delegate's Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Membership Category (please check one)

Accreditor  Government  Lab  User/Specifier (of accreditation or lab services)  Gen. Interest

### Annual Dues (invoice available upon request)

- Class A: Organizations with annual revenues above \$10 million and US Federal Agencies \$2,500
- Class B: Organizations with annual revenues between \$5 million and \$10 million \$1,200
- Class C: Organizations with annual revenues between \$1 million and \$5 million \$ 950
- Class D: Organizations with annual revenues under \$1 million \$ 475
- Associate Member: Small organizations (e.g., single-person consultancy) \$ 275
- Patron (non-member organization providing financial support) \$\_\_\_\_\_

### Payment

Check enclosed (Please make checks payable to NACLA, and mail to: 1600 N. Oak Street, #1710, Arlington VA 22209)

Bill my: MasterCard  Visa  American Express

Credit Card No. : \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec#: \_\_\_\_\_

Name on Credit Card (print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Billing Address (if different from above): \_\_\_\_\_