

APHL SUSTAINING MEMBERSHIP APPLICATION



Include information for the appropriate number of representatives for your membership level.

Please check the appropriate Sustaining Membership category: Membership is based on a July 1 to June 30 year. After January 1, dues are reduced by 50%.

- Diamond Level (5 Representatives) \$25,000/yr
- Platinum Level (2 Representatives) \$15,000/yr
- Gold Level (1 Representative) \$ 8,000/yr
- Silver Level (1 Representative) \$ 5,000/yr

Method of Payment:

(Payment is due with the completed application.)

- Check to APHL **OR**
 Charge to my credit card: Amex Visa MasterCard

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S NAME _____ CARDHOLDER'S SIGNATURE _____

REPRESENTATIVE NAME _____ DEGREE(S) _____

POSITION/TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

REPRESENTATIVE NAME _____ DEGREE(S) _____

POSITION/TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

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Please mail or fax the completed application to:
 Association of Public Health Laboratories
 8515 Georgia Avenue, Suite 700
 Silver Spring, MD 20910
 fax 240.485.2700