

AFFILIATE MEMBERSHIP APPLICATION

DATE:		
LABORATORY NAME:		
FULL (PRIMARY) MEMBER	NAME:	
EMAIL ADDRESS:		
ASSOCIATE MEMBER NAM	E:	
EMAIL ADDRESS:		
MAILING ADDRESS:		
-		
-		
TELEPHONE:	FACSIMILE	:
WEBSITE:		
BRIEF SUMMARY OF LABORATORY HISTORY AND AREAS OF EXPERTISE:		
Complete and return via email to:		
Kevin O'Mara, MELA President <u>Kevin@e4mas.com</u>	or	Rick Sobanski, MELA Treasurer rsobanski@comtel.com

Upon Board Approval, an annual dues invoice of \$120.00 for the Full member and \$30.00 for each Associate member will be billed to the full member via their email address.