

LABORATORY MEMBERSHIP APPLICATION

DATE:		
LABORATORY NAME:		
FULL (PRIMARY) MEMBER	NAME:	
EMAIL ADDRESS:		
ASSOCIATE MEMBER NAME:		
EMAIL ADDRESS:		
MAILING ADDRESS:		
TELEPHONE:	FACSIM	ILE:
WEBSITE:		
BRIEF SUMMARY OF LABORATORY HISTORY AND AREAS OF EXPERTISE:		
Complete and return via email to:		
Kevin O'Mara, MELA President	or	Rick Sobanski, MELA Treasurer

Upon Board Approval, an annual dues invoice of \$150.00 for the Full member and \$30.00 for each Associate member will be billed to the full member via their email address.

rsobanski@comtel.com

Kevin@e4mas.com