



MICHIGAN ENVIRONMENTAL LABORATORY ASSOCIATION

LABORATORY MEMBERSHIP APPLICATION

DATE: _____

LABORATORY NAME: _____

FULL (PRIMARY) MEMBER NAME: _____

EMAIL ADDRESS: _____

ASSOCIATE MEMBER NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

BRIEF SUMMARY OF LABORATORY HISTORY AND AREAS OF EXPERTISE:

Complete and return to:

Jim Shannon, MELA Membership Chair

fx: (734) 422-5342

email: jshannon@rtilab.com

Upon approval, an annual dues invoice of \$150 for the full member and \$30 for each associate member will be billed and payable within 30 days.