

NYAAEL Membership Application

Company: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

[] Include a link to our web site from the NYAAEL site

ELAP ID#: _____

Type of Lab: [] Commercial [] Municipal

Amount Due

Commercial or Industrial Membership \$395

Municipal Laboratory Membership \$300

¹Associate Memberships: _____ at \$45 each

Name(s): _____

Dues Periods

Jan. 1 - June 30 - Full Dues

July 1 - Sept. 30 - Half Dues

Oct. 1 - Dec. 31 - Full Dues *

Dues are not deductible as charitable contributions for federal income tax purposes. Dues may be used as ordinary and necessary business expenses.

* for remainder of current fiscal year and next year

The laboratory membership entitles one designated representative per membership to receive mailings from the Association. Meetings and seminars may be attended by any lab personnel at the member price.

¹Associate memberships are limited to additional staff of member laboratories who wish to receive a separate mailing.

Please mail with your check to:

NYAAEL
316 Roosevelt St.
Sayre, PA 18840

NYAAEL TIN# 22-2786329