MEMBERSHIP APPLICATION

For quickest service, you may join LabWize, Inc. at www.LabWize.org

NAME: _____
FIRST MI LAST

PREFERRED E-MAIL ADDRESS: _____ **BIRTHDATE:** / /
MM DD YY

EMPLOYER: _____ **JOB TITLE:** _____

PLEASE SEND MY LABWIZE CORRESPONDENCE TO: ÿ WORK ÿ HOME

WORK ADDRESS	HOME ADDRESS
EXTRA ADDRESS	EXTRA ADDRESS
CITY STATE/PROVINCE ZIP COUNTRY	CITY STATE/PROVINCE ZIP COUNTRY
PHONE FAX	PHONE FAX

Practice Division: ÿ Construction ÿ Education ÿ Government ÿ Industry ÿ Private Practice

	Major:	College/University:	Graduation Date
Undergraduate Degree:			/ /
Graduate Degree:			/ /

Professional License: ÿ PE ÿ AIA ÿ EI/EIT ÿ Other _____ ÿ Not Licensed

I am licensed in these states: _____

Name of current member who encouraged you/sponsored you to join: _____

ÿ **Licensed Member – $150** I hold a valid license as an individual with an engineering, architectural, business, or law degree or a registered Professional Engineer or Architect, in the U.S. or Canada (or international equivalent).	ÿ **Member – $150** I am a professional in the Lab industry, providing product or service.	ÿ **Retiree $50** - An individual retired full-time who is no longer involved in any career activity.	ÿ **Student — $20** I am a full-time student in an undergraduate or graduate program. (*Include evidence of full-time student status)*

Payment Dues Amount: $ _____

ÿ **Amex** ÿ **Visa** ÿ **Mastercard** ÿ **Check #:** _____

Credit Card #: _____ **Expire Date:** / / **Code:** _____

Card Holder Name: _____ **Signature:** _____

I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the LabWize, Inc. code of ethics. I also pledge to support the constitution, bylaws and board policies (as they are now and as they may be amended) of LabWize, Inc. and my State Society.

_____
Applicant Signature Date

RETURN APPLICATION TO: LabWize, Inc., 3000 Old Alabama Rd, Ste. 119, PMB#163, Alpharetta, GA 30022-5820
OR FAX TO: (678) 867-2183

New member rates cover national, state, and chapter dues for your first year only. Renewal rates vary depending on your state and chapter. Membership rates and requirements are subject to change. Contributions (or gifts), dues and fees to LabWize, Inc. are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and business expenses. A portion of national and state society dues is not deductible to the extent that LabWize, Inc.