

**PaAAEL Membership Application**

Company: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

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

DEP ID#: \_\_\_\_\_

Type of Lab: [ ] Commercial [ ] Municipal

**Amount Due**

Laboratory Membership \$295

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

Please mail with your check to:

PaAAEL  
316 Roosevelt St.  
Sayre, PA 18840

PaAAEL TIN# 23-2469609