



## 2019 IASLC Membership Application

Paying online is quick and easy! Simply go to [www.iaslc.org/membership](http://www.iaslc.org/membership).

*\*Please check the appropriate box for membership/payment option. Payment options & instructions listed below.*

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> IASLC Regular annual dues 2019 .....                    | US \$250.00              |
| <input type="checkbox"/> IASLC Regular three-year (2019-2021) .....              | US \$600.00              |
| <input type="checkbox"/> IASLC Allied Professional annual dues 2019 .....        | US \$50.00               |
| <input type="checkbox"/> IASLC Allied Professional three-year (2019-2021) .....  | US \$150.00              |
| <input type="checkbox"/> IASLC Developing Countries annual dues 2019 .....       | US \$50.00               |
| <input type="checkbox"/> IASLC Developing Countries three-year (2019-2021) ..... | US \$150.00              |
| <input type="checkbox"/> IASLC Fellow/Trainee/Resident Membership 2019 .....     | <b>**Complimentary**</b> |

*\*\*A separate training verification for fellowship status which includes term dates, must be submitted with this form*

Voluntary contribution (IASLC Foundation) .....	US \$ _____
<b>Total</b> .....	<b>US \$ _____</b>

### Payment Options

- **Credit Card:** Please visit [www.iaslc.org/membership](http://www.iaslc.org/membership) to pay with Visa or MasterCard. Due to privacy considerations, we cannot accept credit card details in written format such as fax or email at this time.
- **Check:** Make payable to: **IASLC** and send to IASLC, 13100 East Colfax Avenue, Unit 10, Aurora, Colorado, 80011, USA  
**Please be sure that your full name is on the check and include this form.**
- **Wire Transfer:**

- BANK: US Bank	- SWIFT CODE: USBKUS44IMT
- DN-CO-0251	- For the Benefit of: US Bank
- 3010 West Belleview Ave.	- For Credit to Account: 103681283331
- Littleton, CO 80123	- Routing number: 102000021

### Member Details: PLEASE PRINT UPDATES CLEARLY OR TYPE INFORMATION

(\*) indicates required fields

\*Last/Family Name: \_\_\_\_\_ \*First/Given Name: \_\_\_\_\_ \*Degree (MD, PhD, etc.): \_\_\_\_\_

DOB (Month/Date/Year): \_\_\_\_\_ \*Title (Dr/Mr/Ms, etc.): \_\_\_\_\_ \*Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

How many years since you completed your medical training (if applicable): \_\_\_\_\_

Professional/Academic Title: \_\_\_\_\_

\*Institution/Organization Name: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Telephone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ Unit (if applicable): \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Primary Specialty: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

**Please fax completed form to: +1.720.505.2176**

Questions? Please reach out to our Membership Team at [Membership@IASLC.org](mailto:Membership@IASLC.org)