



Membership Form

Please complete the following information and make your check payable to: **California Association of Bioanalyst.**

LAST NAME: _____ **FIRST NAME:** _____

MIDDLE INITIAL: _____ **SPOUSE'S FIRST NAME:** _____

MEMBERSHIP CATEGORY

- Bioanalyst/Director: \$200.00
- Manager, Consultant, or Associate Members: \$100.00
- Life Members (retired) \$0.00

Please indicate your preferred mailing address by checking the box below:

BUSINESS:

Street Address: _____

Telephone: _____

E-mail: _____

Home Address:

Street Address: _____

Telephone: _____

Spouse's Name (Optional) _____

PLEASE MAIL COMPLETED FORM WITH PAYMENT TO:

1213 N. Cedar st., Glendale, CA 91207. Tel: (818)425-8485