



Institutional Membership Form

Laboratory or University Affiliated School Name: _____

College or University: _____

Address: _____

City, State, Zip: _____

Director or Principal: _____

Phone # _____ Fax # _____

E-Mail Address: _____ Web Site – URL _____

Name of the Dean of Education: _____

Private or Public: _____ Tuition: _____

INSTITUTIONAL DUES STRUCTURE

<u>Renewed Institutional Membership</u>	<u>Actual Enrollment</u>	<u>Dues</u>
Student enrollment of 250 or less	_____	\$400
Student enrollment of 251 or greater	_____	\$600
<u>First Year Institutional Membership</u>	<u>Actual Enrollment</u>	<u>Dues</u>
Student enrollment of 250 or less	_____	\$200
Student enrollment of 251 or greater	_____	\$300
International Membership	\$100

These contributions will be placed in the IALS Endowment Fund from which only the interest and a small amount of the capital is drawn to support research grants and special projects. In addition to the Institutional Membership Dues, our school would like to contribute to the IALS endowment fund in the amount of:

___ **\$1000** ___ **\$750** ___ **\$500** ___ **\$250** ___ **\$100** ___ **other specify amount: \$** _____

Institutional or individual members who give an additional contribution of at least \$100 above their annual membership fees will be recognized as benefactors and will be listed on the IALS website and on the annual conference program.

Make checks payable to: IALS & MAIL TO: IALS c/o Jill Sarada
Falk Laboratory School
4060 Allequippa Street
Pittsburgh, PA, 15261

Questions may be sent to: ialslabschools@gmail.com