

## Institutional Membership Application

College or University:			
Address:			
City, State, Zip:			
Director or Principal:			
Phone #	Fax #		
E-Mail Address:	Web Site – URL		
Other Principles and Titles:			
Name of the Dean of Education:			
Private or Public:  Please, submit a listing of your information from the Association	Source of Population: faculty and staff so they ma on through emails) either ma NALS.EXEC.DIRECTOR®	y be included as IALS member il or email the list to IALS Ex CGMAIL.COM	ers (and will receive
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Make checks payable to: IALS & MAIL TO:

Patricia E. Diebold
Executive Director
International Association of Laboratory Schools
Office: P.O. Box 510486
Key Colony Beach
Florida 33051

Questions may be sent to: <a href="mailto:IALS.EXEC.DIRECTOR@GMAIL.COM">IALS.EXEC.DIRECTOR@GMAIL.COM</a> or phone: 814-881-7051