

INTERNATIONAL APPLICATION FOR MEMBERSHIP

National Lipid Association
6816 Southpoint Pkwy., #1000
Jacksonville, Florida 32216 USA
904-998-0854 • Fax 904-998-0855
www.lipid.org



As an international member, you will only receive mailings electronically

You may apply online at www.lipid.org

TYPE OF MEMBERSHIP (See membership criteria below): International Active member

NAME _____ TITLE _____

DATE OF BIRTH _____ MALE FEMALE E-MAIL ADDRESS _____

ORGANIZATION _____

MAILING ADDRESS _____

COUNTRY _____ POSTAL CODE _____ OFFICE PHONE (____) _____ OFFICE FAX (____) _____

COMMUNICATIONS: To receive blast e-mail from the NLA (breaking news and meeting notices), please check this box: BLAST E-MAIL

PROFESSIONAL CATEGORY: Physician Nurse Dietician Pharmacist Physician Assistant Other (Specify) _____

TYPE OF PRACTICE: Hospital Private Practice Group Practice Lipid Clinic Pharmacy Education Facility Other (Specify) _____

Present Medical School/Hospital Affiliation/Appointments: _____

PLEASE COMPLETE THE FOLLOWING AS APPLICABLE:

College/University _____ Degree _____ Year Obtained _____

Graduate University _____ Degree _____ Year Obtained _____

Medical School _____ Degree _____ Year Obtained _____

Internship/Residency _____

Fellowship Program _____ Year Obtained _____

Postgraduate Training _____

CERTIFICATIONS (Please attach a copy of certificate issued):

Board _____ Date Certified _____

Board _____ Date Certified _____

Board _____ Date Certified _____

Please briefly explain how you are involved in treatment, research, or education of lipid disorders:

How did you find out about NLA Membership? Referral Web Mailing Convention/meeting Other _____

Membership Criteria:

As an **INTERNATIONAL MEMBER** you will only receive membership benefits electronically.

Are you a member of an IAS-recognized society? If yes, which society?

No IAS-recognized society exists in my country

Please return your application and payment to:
NATIONAL LIPID ASSOCIATION
6816 Southpoint Pkwy., #1000 • Jacksonville, FL 32216 USA
Fax 904-998-0855

MEMBERSHIP DUES	
Membership (one year)	75.00
3-Year Membership	200.00
METHOD OF PAYMENT: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	
AMOUNT \$ _____	
NAME ON CARD _____	
ACCT# _____	EXP. DATE _____
SIGNATURE _____	