



MEMBERSHIP APPLICATION

National Independent Laboratory Association (NILA)

A platform for laboratory executives to share technical and business expertise and to focus on legislative and regulatory issues facing the laboratory industry. Representatives must be laboratory executives, i.e., CEOs, CFOs, COOs, Presidents, Vice Presidents, etc.

- ☐ **NILA Corporate Membership** Includes two (2) individual members who are executive employees (i.e., CEOs, CFOs, COOs, Presidents, Vice Presidents, etc.) or owners of the corporate member. **Laboratories must have annual revenues less than \$2 billion. NILA's annual dues are based on the size of your laboratory as follows:**

<u>Net Revenue</u>	<u>Dues</u>
<input type="checkbox"/> < \$5 million	\$1,500
<input type="checkbox"/> \$5-10 million	\$2,500
<input type="checkbox"/> \$10-25 million	\$3,500
<input type="checkbox"/> \$25-50 million	\$5,000
<input type="checkbox"/> > \$50 million	\$10,000

- ☐ **Additional laboratory executives or billing/coding associates from a NILA corporate member** are eligible to join. The membership fee for additional laboratory executives is **\$275 per executive. To add executive members (3rd and greater) to your NILA Corporate membership, please complete the second page of this application.**

Activate your NILA membership by filling in the information below. Return completed form and applicable payment to the **National Independent Laboratory Association (NILA), 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, phone: (314) 241-1445, fax: (314) 241-1449, email: nila@nila-usa.org, web: www.nila-usa.org.**

Please type or print the following information:

Laboratory _____

Mailing Address (Headquarters) _____

City _____ State _____ Zip _____ Telephone _____

Does your laboratory have facilities in states other than the one listed above? ☐ YES ☐ NO If yes, please specify: _____

Does your laboratory service states other than the one listed above? ☐ YES ☐ NO If yes, please specify: _____

Is your laboratory partially or fully owned by a laboratory with annual gross revenues of more than \$2 billion? ☐ YES ☐ NO

If yes, specify laboratory name: _____

Has your laboratory ever been suspended or excluded from participation in Medicare, Medicaid or other federal or state health care programs? ☐ YES ☐ NO

If yes, please explain: _____

1st Individual Member _____

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO

Signature _____

2nd Individual Member _____

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO

Signature _____



MEMBERSHIP APPLICATION CONTINUED

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Please type or print the following information:

3rd Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO Membership Type: ☐ Executive Officer
☐ Billing/Coding Contact

Signature _____

4th Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO Membership Type: ☐ Executive Officer
☐ Billing/Coding Contact

Signature _____

5th Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO Membership Type: ☐ Executive Officer
☐ Billing/Coding Contact

Signature _____

6th Individual Member

Work Phone _____ Mobile Phone _____ Email _____

Job Title/Position: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO ☐ Other: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO Membership Type: ☐ Executive Officer
☐ Billing/Coding Contact

Signature _____

Membership Dues Payment Method (U.S. Dollars ONLY):

Amount enclosed: \$ _____

☐ Check ☐ Money Order ☐ Credit Card: ☐ American Express ☐ MC ☐ VISA ☐ Discover

Credit Card # _____ CVC _____ Exp. Date ____/____/____

Print Name On Card _____ Signature _____

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