



## 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 from a NILA corporate member** are eligible to join. The membership fee for additional laboratory executives is **\$275 per executive. To add executive members (3<sup>rd</sup> 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: \_\_\_\_\_

**1<sup>st</sup> 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** \_\_\_\_\_

**2<sup>nd</sup> 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:

#### 3<sup>rd</sup> 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 \_\_\_\_\_

#### 4<sup>th</sup> 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 \_\_\_\_\_

#### 5<sup>th</sup> 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 \_\_\_\_\_

#### 6<sup>th</sup> 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 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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