



(LABORATORYNAME)

(DATE)

(DEPARTMENT, IF APPLICABLE)

(AGENCY, IF APPLICABLE)

Laboratory mission, principle areas of R&D activities (e.g., optics, chemicals, electronics) and location(s) of R&D facilities:

Organization website:

Select Membership Level (check one): Standard (\$15,750) Silver (\$21,250) Gold (\$26,350)

Please designate the following persons to represent the company in IRI.

Primary Representative

Alternate Representative

Name: Title: Address: Phone: Fax: Email:

Name: Title: Address: Phone: Fax: Email:

Special Interests:

Special Interests:

Admin Asst. Name:

Admin Asst. Name:

Admin Asst. Phone:

Admin Asst. Phone:

Admin Asst. Email:

Admin Asst. Email:

Please check the box in order for application to be accepted.

I give IRI permission to store the information provided as it is necessary in order to process this membership application form. IRI will not share any personal information without your consent. I understand I can request to have the information removed at any time.

(SIGNATURE)