International Association of Laryngectomees

925B Peachtree St. NE, Suite 316
Atlanta, GA 30309
866-425-3678 ial@larynxlink.com

Application for Associate Membership

The information provided below will be listed in the IAL Directory, and will determine where IAL correspondences will be sent. Please print or type.

Company or Organization Name____

Mailing Address____

City____

State & Zip____

Telephone_____________________________Email_________________________________

An Associate Membership is designed for suppliers, manufacturers, health care organizations and service companies who provide medical support to laryngectomees. These members have no voting rights but may participate as committee members if requested. Dues will be determined by a recommendation from the Bylaws Committee to the Board of Directors. In no case will the dues be less than that of the largest IAL Club.

Signed:____Date_______________________________

Please sign and mail your minimum payment of $150.00 to the above address