



INTERNATIONAL AESTHETIC & LASER ASSOCIATION
INTERNATIONALLASERASSOCIATION.ORG

New Member Registration Form

First Name:		Middle Initial:	Last Name:	
Gender: Male / Female	Date of Birth: ____/____/____		Title:	
Name of Business:				
Address				
City:		State/Province:	Postal Code:	
Country:				
Telephone:		Facsimile:		
E-Mail:				
How Did You Hear About Us:				
What are Your Top 3 Professional Goals: 1. 2. 3.				

Membership Criteria

IALA members must adhere to high professional standards in order to promote consumer confidence in our industry. As a result, you must meet the following membership criteria: *(check all that applies)*

- Do you currently have a medical director that is a licensed physician on staff?
- Do you have an active insurance policy at a minimum of \$250,000?
- Do you affirm that you and/or your employees who provide cosmetic medical services have proper education, certification, and training, including training in laser hair removal basics and safety?
- Will you adhere to our [Code of Ethics](#)?

Failure to meet the criteria listed above will result in the termination of your membership. Should this occur, any membership dues you have already provided will be immediately refunded.

Please sign below to confirm that the information listed above is correct.

X _____

Date:



INTERNATIONAL AESTHETIC & LASER ASSOCIATION
INTERNATIONALLASERASSOCIATION.ORG

Membership Dues

<input type="checkbox"/> Corporate/Professional Membership (Business/Owner)	_____ offices x \$750 =	\$ _____
<input type="checkbox"/> Sponsorship		\$5,000
<input type="checkbox"/> Associate Membership		\$250
	TOTAL	\$ _____

Method of Payment

Method of Payment:

Check (payable to **IALA**)

Please mail the completed application and check to:

International Aesthetic & Laser Association
4830 W. Kennedy blvd ste. 440
Tampa, FL 33609 United States

Facsimile: 00 + 1-866-866-4390