



Association of North American Independent Laboratories For Protective Equipment Testing

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Application for Membership In The
Association of North American Independent Laboratories
For Protective Equipment Testing

Name (Individual or Corporate Contact)

Representing

Address

City State Zip Phone

Please describe your products or services in a brief paragraph of 24 words or less.

Table with 2 columns: Membership Classification and Price. Rows include Fully Accredited membership (\$250.00\*), Associate membership (\$500.00), Utility membership (\$500.00), Corporate membership (\$750.00), and Individual membership (\$50.00).

On behalf of the firm named above, I hereby apply for \_\_\_\_\_ membership in NAIL for PET and agree to abide by its stated "Purposes and Objectives" and By-laws.

Signature of Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Address of Sponsoring Member (if any):

\_\_\_\_\_

\* Restricted to accredited laboratories