



ILASS-Americas

Institute for Liquid Atomization and Spray Systems

APPLICATION FOR MEMBERSHIP

Mail to:

Professor Scott Samuelsen
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To: Chair, ILASS – Americas

From: *(please type/enter full name, title, and mailing address)*

| | |
|---------------------------|--|
| Name (Dr./Prof./Mr./Ms.): | |
| Title/Position: | |
| Organization/Affiliation: | |
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| Telephone: | |
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I wish to become a Member of ILASS - Americas. In accordance with Article II, Section 2 of the Constitution and Bylaws of ILASS - Americas, I enclose a check/money order for \$20.00 in U.S. currency payable to "ILASS - Americas."

Signature: _____ Date: _____

Office Use Only

Date Received: _____

Membership No. : _____