



Associate Membership

Company Name: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Primary Contact Fax: _____

<p style="text-align: center;">☐ \$1,200</p> <p style="text-align: center;"><u>Premium Associate Membership \$1,200</u></p> <p style="text-align: center;"><i>Est. total value ≥ \$3000+</i></p> <p>Branded Company listing on CLSA Website and EyeWitness Journal</p> <p><u>Five Associate Employee Memberships</u></p> <ul style="list-style-type: none"> ★ Subscription to EyeWitness for each employee ★ Free and discounted Continuing Education (CE) Courses on CLSA University ★ Discounts on CLSA Educational Materials and Meetings <p style="text-align: center;">Savings on Published Advertising Rates:</p> <div style="text-align: center; border: 2px solid orange; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;"> 15% Savings </div>	<p style="text-align: center;">☐ \$600</p> <p style="text-align: center;"><u>Regular Associate Membership \$600</u></p> <p style="text-align: center;"><i>Est. total value ≥ \$1,800+</i></p> <p>Company Listing on CLSA Website and EyeWitness Journal</p> <p><u>Three Associate Employee Memberships</u></p> <ul style="list-style-type: none"> ★ Subscription to EyeWitness for each employee ★ Free and discounted Continuing Education (CE) Courses on CLSA University ★ Discounts on CLSA Educational Materials and Meetings <p style="text-align: center;">Savings on Published Advertising Rates:</p> <div style="text-align: center; border: 2px solid orange; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;"> 10% Savings </div>
--	--

Employee	Employee
1.	1.
2.	2.
3.	3.
4.	
5.	

Payment Information: Check payable to CLSA American Express Discover MasterCard VISA

Credit Card Number: _____ Exp. Date: _____

3 or 4 Digit CVC Code _____ Cardholder Signature: _____

Name on Card: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

CLSA Membership Dues are considered tax deductible as a business expense only

2025 Woodlane Drive ★ St. Paul, MN 55125 ★ www.CLSA.info



Associate Membership

✉ **By Mail...** 2025 Woodlane Drive, Attn: Membership, St. Paul, MN 55125- 2998

☎ **By Fax...** Fax to (651) 731-0410

Associate Employee Membership Registration: Please complete the form and return to CLSA. If changes occur, you may add/delete/change Associate Employee Members associated with your account by contacting CLSA via phone or email.

1. Employee Name (Primary Contact) _____

Mailing Address: *(for EyeWitness Journal)* _____

Email Address _____

2. Employee Name _____

Mailing Address: _____

Email Address _____

3. Employee Name _____

Mailing Address: _____

Email Address _____

For Premium Associate Members

4. Employee Name _____

Mailing Address: _____

Email Address: _____

5. Employee Name _____

Mailing Address: _____

Email Address: _____

Note: Only actual employees of Associate Members are eligible to participate

CLSA Membership Dues are considered tax deductible as a business expense only