

AFFILIATE PROGRAM APPLICATION

Membership valid 1/1/2012 – 12/31/2012

Contact Information

Facility Name

Department

Contact Name *(required)*

Title

Address 1

Address 2

City State ZIP

Country Postal Code

Phone Fax

Contact Person E-mail *(required to receive affiliate category benefits)*

Web site

Please complete the following if applicable:

Laboratory Manager Name

Title

Work Address 1

Work Address 2

City State ZIP

Country Postal Code

Phone Fax

E-mail

Affiliate Program Fees

The Affiliate program is designed for those transfusion services that are currently not registered and/or licensed with the Food and Drug Administration; and organizations, facilities and professional groups in the health care profession that do not collect or transfuse blood.

Fee \$1,150

Facility Type (please check only one):

- Non-registered/licensed transfusion service
- International blood bank
- International transfusion service
- International cord service
- International HPC facility
- Other: _____

Payment Information

This amount will be refunded should you be considered ineligible for this program.

Check Number *(made payable to AABB in US dollars)*

- Or charge to:
- Visa
 - MasterCard
 - Discover
 - American Express
 - Diners Club

Card Number

Expiration Date

If accepted into AABB, on behalf of my institution, I pledge to foster and advance the principles and objectives which the Association represents, and to abide by its Code of Ethics and Bylaws.[†]

[†] Available upon request or online at aabb.org.

Signature

Date

Please return form with payment to:

AABB

Attention: Membership Services Department
8101 Glenbrook Road
Bethesda, MD 20814-2749, USA
Fax: +1.301.951.7150

Questions?

Contact Membership Services
at **1.866.222.2498** (within the US) or **1.301.215.6489** (outside the US)
or **membership@aabb.org**.