

Individual Membership Application

Membership valid 1/1/12 through 12/31/12

MAILING INFORMATION

Please print your name, degrees, certification and title as you would like them to appear on your membership card and in the directory.

Dr. Mrs. Ms. Miss Mr. | Sex: Male Female

Name _____
First Middle Last

Degrees/Certifications/Credentials _____

Position/Title _____

Facility Name _____

Primary Address Home Work

Address _____

City/State/Zip _____

Province/Postal Code/Country _____

Phone _____ Fax _____

Email _____

Secondary Address Home Work

Address _____

City/State/Zip _____

Province/Postal Code/Country _____

Phone _____ Fax _____

Can we include your contact information in our Membership Directory?

Yes No

Please indicate the facility type where you are employed (please check only one)

- Blood Center (collects blood, primarily provides blood and components to other facilities)
- Hospital Blood Bank (collects blood, provides blood and components for transfusion)
- Hospital Transfusion Service (provides blood and components for transfusion/does not collect blood)
- Testing Laboratory (performs laboratory tests required on donated blood)
- Other _____

Is the facility where you are employed an AABB institutional member?

Yes No

If yes, what is the facility's member ID#? _____

Specialty (check all that apply)

- Anatomic Pathology
- Blood Banking/Transfusion Medicine
- Clinical Pathology
- Forensic Pathology
- Hematology/Oncology
- Pediatrics/Neonatology
- Other: _____

Please indicate your primary responsibility (please check one)

- Medical Director
- Physician—Transfusion Service
- Physician—Surgeon/Anesthesiologist
- Manager/Director/Supervisor—Transfusion Service
- Non-Manager—Transfusion Service
- Manager/Director/Supervisor—Blood Center/Donor Room/Apheresis
- Non-Manager—Blood Center/Donor Room/Apheresis
- Medical Resident/Medical Student
- Medical Technology/SBB/BB Student
- Education Director/Coordinator
- Research
- Regulatory/Compliance/Government Affairs
- Legal Affairs/Risk Management
- Quality Control/Quality Assurance
- Donor Recruitment
- Public Relations
- Marketing/Sales
- Finance/Accounting
- CEO/Executive Director/Administrator
- COO/VP/Senior Management
- Inventory Distribution/Product Distribution
- Management Information Systems
- Perfusionist/Intraoperative/Postoperative Operator
- Consultant Health Care

MEMBERSHIP DUES

This amount will be refunded should you be considered ineligible for membership.

Physicians (MD) \$238 USD
Health Care Professionals \$118 USD
Physicians in Residency \$118 USD

Amount Due \$ _____

Check # _____

Or charge to: American Express MasterCard

Visa Diners Club Discover

Card Number _____

Exp. Date _____

If accepted in AABB, I pledge to foster and advance the principles and objectives, which the association represents, and to abide by its code of ethics and bylaws. *Signature required.

*Signature _____ Date _____

QUESTIONS? CONTACT THE MEMBERSHIP SERVICES DEPARTMENT AT +1.301.215.6489 OR MEMBERSHIP@AABB.ORG.

Please return form with payment to:

AABB

Attention: Accounting Department—Membership

8101 Glenbrook Road, Bethesda, MD 20814

Fax: +1.301.951.7150

- Nursing/Collection
- Physician's Assistant
- Apheresis/Phlebotomist
- Other: _____

Areas of Expertise (check all that apply)

- Accounting/Finance/Cost-Benefit Analysis
- Blood Component Preparation and Storage
- Blood Donor Hemapheresis
- Blood Donor History Assessment/Collection
- Blood Donor Recruitment
- Blood Donor Testing
- Business and Public Administration/Management
- Cellular Therapy
- Computer Technology/Information Systems
- Education/Training
- Health Care Administration
- Histocompatibility
- Immunohematology
- Legal/Legislative
- Relationship Testing
- Quality Management/Assurance
- Regulatory Compliance
- Therapeutic Hemapheresis
- Tissue Banking
- Transfusion Practice
- Transfusion-Transmitted Diseases
- Other: _____

AABB Sections—Open to All Active Members at No Charge

(Please indicate all sections you are interested in; you may be a member of more than one section)

Cellular Therapies Sections

Cellular Therapy Subsections:

- Business Management Subsection
- Cord Blood Subsection
- Novel Therapies and CT Product Development
- Product Collection and Clinical Practice
- Product Manufacturing and Testing
- Quality Operations Subsection
- Regulatory Affairs Subsection

Transfusion Medicine Section

Transfusion Medicine Subsections:

- Administration
- Clinical Hemotherapy
- Donor Centers
- Pediatrics
- Quality/Regulatory
- Technical Practices and Serology
- Therapeutic Apheresis and Transfusion Practices
- Transfusion Fellowship Directors

