ACCREDITED INSTITUTIONAL (AI) MEMBER APPLICATION

Membership valid 1/1/2017 – 12/31/2017

Contact Information

Institution Name

Department

Website

Member Contact Name
(required)

Title

Address

City/State/Zip

Postal Code/Country

Phone/Fax

Email
(required to receive member benefits)

Voting Delegate
(Membership contact person will serve as the voting delegate unless otherwise noted.)

Medical Director Name

Title

Address

City/State/Zip

Postal Code/Country

Phone/Fax

Email

Accreditation Contact Name

Title

Address

City/State/Zip

Postal Code/Country

Phone/Fax

Email

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.*

Authorized Signature

Date

Membership Fees

Annual Accredited Institutional membership dues include a one-time application, basic membership, volume, and accreditation fees, which are based on the activities for which you are or will be accredited. For more information, see the current membership fee schedule at www.aabb.org > Join AABB > Institutional Membership.

QUESTIONS? CONTACT ACCREDITATION AT +1.301.215.6492 or accreditation@aabb.org.

Please mail, fax or email (scan) the completed form to:
AABB
Attention: Department of Accreditation and Quality
8101 Glenbrook Road
Bethesda, MD 20814-2749
Fax: +1.301.657.0957
Email: accreditation@aabb.org