



# ACCREDITED INSTITUTIONAL (AI) MEMBER APPLICATION

Membership valid 1/1/2018—12/31/2018

## 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](http://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](http://www.aabb.org) > Join AABB > Institutional Membership.

QUESTIONS? CONTACT ACCREDITATION AT +1.301.215.6492 or [accreditation@aabb.org](mailto:accreditation@aabb.org).

**Please mail, fax or email (scan) the completed form to:**

**AABB**

Attention: Department of Accreditation and Quality

4550 Montgomery Avenue

Suite 700, North Tower

Bethesda, MD 20814-2749

Fax: +1.301.657.0957

Email: [accreditation@aabb.org](mailto:accreditation@aabb.org)