



INDIVIDUAL MEMBERSHIP APPLICATION

www.aabb.org/join

Mailing Information

Dr. Mrs. Ms. Miss Mr. | Gender: 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 _____

Date of Birth (MM/DD/YYYY) _____

Membership Categories & Dues

MEMBERSHIP LENGTH	ONE YEAR	THREE YEARS
Physician (MD) and PhD	\$285 USD	\$745 USD
Healthcare Professional <i>(including Physician in Residency)</i>	\$155 USD	\$400 USD
Student*	\$90 USD	n/a
Emerging Economy*	\$55 USD Med. HDI \$35 USD Low HDI	n/a

*electronic memberships only.

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 MEMBER SERVICES DEPARTMENT AT +1.301.215.6489 or membership@aabb.org.

Please return form with payment to:

AABB
PO Box 791251
Baltimore, MD 21279-1251

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

- Biotechnology/Industry
- Blood Center (collects blood, primarily provides blood and components to other facilities)
- Cellular Therapy Contract Manufacturer
- Cellular Therapy Laboratory within a Transfusion Service
- Contracted Cell Salvage Provider
- Cord Blood Bank
- Hematopoietic Progenitor Cell/Cellular Therapy Facility
- Hospital Blood Bank (collects blood, provides blood and components for transfusion)
- Hospital Transfusion Service (provides blood and components for transfusion)
- Molecular Testing Laboratories (uses molecular testing methods to identify red cell, platelet or neutrophil antigens)
- Research Facility/Institute
- Testing Laboratory Facility (performs testing for donors of blood products and/or cellular therapy products)
- SBB School
- Other _____

AABB Sections—open to all individual members at no charge (Please indicate all sections you are interested in; you may be a member of more than one section)

- Cellular Therapies Section**
Cellular Therapy Subsections:
 Asia Pacific Group
 Cell Therapy Current and Emerging Topics
 Cord Blood
 CT Quality, Regulatory and Management (QRM) Topics
 Spanish Language
- Transfusion Medicine Section**
 Clinical Hemotherapy
 Donor and Blood Component Management
 Global Transfusion Forum
 Leadership and Administration
 Pediatric Transfusion Medicine
 Quality/Regulatory
 Technical Practices/Serology
 Therapeutic Apheresis and Transfusion Practices
 Transfusion Fellowship Directors
 Transfusion Safety and Patient Blood Management

Please indicate your primary roles (check no more than 3)

- Administrator/Business Operations
- CEO/COO/VP
- Collection (check all that apply):
 Apheresis Blood Cord Blood
 Other Cell Therapy
- Consultant
- Donor Recruitment
- Education/Training
- Information Technology
- Inventory Management/Donor Product Procurement
- Laboratory Director
- Manager/Director/Supervisor
- Quality Assurance/Risk Management
- Nurse
- Physician's Assistant/Nurse Practitioner
- Perfusionist/Intraoperative/Postoperative Operator
- Pharmacist
- Physician (check all that apply):
 Medical Director Clinical/Patient Care
 Other Non-Clinical Responsibility
- Research/Research and Development/Scientist
- Regulatory/Compliance/Government Specialist/Legal Specialist
- Student (choose one of the following):
 Medical Resident/Medical Student
 Perioperative Student
 Technologist/MT/SBB/BB
- Supplier of Products/Services
- Technologist/Technician
- Transfusion Safety Officer
- Other _____

Can we include your contact information in our Membership Directory? Yes No

In a typical workweek, approximately what percentage of your professional time do you spend in the following areas? (Note, percentages do not need to total 100%.)

_____ % Cellular Therapies
_____ % Patient Blood Management
_____ % Transfusion Medicine