



# Individual Membership Application

## MAILING INFORMATION

First Name Last Name

Degrees/Certifications/Credentials

Position/Title

Company/Facility Name

Email

Date of Birth (MM/DD/YYYY)

Primary Address  Home  Business

Address

Address 2

City

State Zip Country/Postal Code (non-US)

Phone Fax

Secondary Address  Home  Business

Address

Address 2

City

State Zip Country/Postal Code (non-US)

Phone Fax

## MEMBERSHIP CATEGORIES & DUES

Membership Length	One Year	Three Year
Physician & PhD	\$298 USD	\$780 USD
Health Care Professional <small>(Includes Fellows and Physicians in Residency)</small>	\$163 USD	\$420 USD
Student*	\$90 USD	n/a
Emerging Economy*	\$55 USD Med. HDI \$35 USD HDI	n/a

\*Electronic Memberships Only

### How long have you worked in the field?

- < 5 years  5-10 years  10-20 years
- 20-30 years  30+ years

- Current Student (if so, please select type)
- Medical Resident/Medical Student
- Perioperative Student
- Technologist/MT/SBB/BB
- Other \_\_\_\_\_

Are you a United States government employee?  Yes  No

Are you a federal government employee?  Yes  No

### What is the primary business activity of your facility?

(please check only one):

- Biotechnology/Industry
- Biotherapies
- Blood Center
- Cord Blood Bank
- Hospital Blood Bank
- Hospital Transfusion Service
- Other \_\_\_\_\_
- Immunohematology Reference Laboratory
- Molecular Testing Laboratories
- Research Facility/Institute
- Testing Laboratory Facility

Do you currently work for an AABB Accredited Facility?

- No  Yes, please list your Institutional Member Number: \_\_\_\_\_

### Please indicate your primary role (check no more than 3)

- CEO
- CMO
- COO/VP/ Administrator
- Donor Recruitment
- Education/Training
- Information Technology
- Inventory Management
- Laboratory Director
- Physician's Assistant/ Nurse Practitioner/Nurse
- Other \_\_\_\_\_
- Perfusionist/ Intraoperative/ Postoperative Operator
- Physician
- Medical Director
- Research
- Supplier of Medical Devices
- Technologist/Technician
- Transfusion Safety Officer

### Please select topics on which you would like to receive communications from AABB (check all that apply):

- Quality
- Blood Donation & Collection
- Patient Transfusion
- Regulatory & Compliance
- Public Policy
- Immunohematology
- Biotherapies
- Industry News

Are you working in an academic setting?  Yes  No

Is your facility a non-profit?  Yes  No

## AABB Sections—open to all individual members at no charge (Please indicate all sections you are interested in)

### Cellular Therapies Section

Cellular Therapies Subsections:

- Asia Pacific Group
- Cell Therapy Current & Emerging Topics
- Cord Blood
- CT Quality, Regulatory & Management (QRM) Topics

### Spanish Language Section

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

### Transfusion Medicine Section

Transfusion Medicine Subsections:

- Clinical Hemotherapy
- Donor & Blood Component Management
- Global Transfusion Forum
- Leadership & Administration
- Pediatric Transfusion Medicine
- Plasma Antibody Network (PLAN)
- Quality/Regulatory
- Technical Practices/Serology
- Therapeutic Apheresis & Transfusion Practices
- Transfusion Fellowship Directors
- Transfusion Safety & Patient Blood Management

QUESTIONS? +1.301.215.6489 | membership@aabb.org | aabb.org/join

Please Return Form With Payment to: AABB | PO Box 791251 | Baltimore, MD 21279-1251

Amount Due \$ \_\_\_\_\_

Check number \_\_\_\_\_

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 \_\_\_\_\_