**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**

<table>
<thead>
<tr>
<th>Membership Length</th>
<th>One Year</th>
<th>Three Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician &amp; PhD</td>
<td>$310 USD</td>
<td>$810 USD</td>
</tr>
<tr>
<td>Health Care Professional</td>
<td>$170 USD</td>
<td>$440 USD</td>
</tr>
<tr>
<td>Student*</td>
<td>$90 USD</td>
<td>n/a</td>
</tr>
<tr>
<td>Emerging Economy*</td>
<td>$55 USD Med. HDI</td>
<td>$33 USD HDI</td>
</tr>
</tbody>
</table>

*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
- [ ] Blood Center
- [ ] Cord Blood Bank
- [ ] Hospital Blood Bank
- [ ] Hospital Transfusion Service
- [ ] Other

Do you currently work for an AABB Accredited Facility?  [ ] Yes  [ ] No

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

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
- [ ] Transfusion Medicine Section
- [ ] Cellular Therapies Subsections:
  - [ ] Asia Pacific Group
  - [ ] Cell Therapy Current & Emerging Topics
  - [ ] Cord Blood
  - [ ] CT Quality, Regulatory & Management (QRM) Topics
- [ ] 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

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

**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 ____________________________

Electronic Memberships Only