



# INDIVIDUAL MEMBERSHIP APPLICATION

[www.aabb.org/join](http://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	\$270 USD	\$710 USD
Healthcare Professional (including Physician in Residency)	\$145 USD	\$375 USD
Early Professionals*	\$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](mailto: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