



# Non-Accredited Institutional (NAI) Member Application

Annual Fee

## Contact Information

Facility Name \_\_\_\_\_

Department \_\_\_\_\_

Contact Name (required) \_\_\_\_\_

Title \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Contact Person Email \_\_\_\_\_

(required to receive member benefits)

Website \_\_\_\_\_

## Please complete the following if applicable:

Laboratory Manager Name \_\_\_\_\_

Title \_\_\_\_\_

Work Address 1 \_\_\_\_\_

Work Address 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

**QUESTIONS? CONTACT THE MEMBER SERVICES DEPARTMENT AT +1.866.222.2498 (within the US) or +1.301.215.6489 (outside the US) or membership@aabb.org.**

Please return form with payment to:

**AABB**

P.O. Box 791251

Baltimore, MD 21279-1251

## Non-Accredited Institutional (NAI) Member Fees

The NAI program is designed for those institutions that are currently not AABB-accredited.

**Fee ..... \$1,200**

### Please indicate the facility type (please check only one)

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

## Payment Information

**This amount will be refunded should you be considered ineligible for this program.**

### Check #

(made payable to AABB in US dollars)

**Or charge to:**  American Express  MasterCard  Visa  
 Diners Club  Discover

### Card Number

### Exp. Date

*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.<sup>†</sup>*

<sup>†</sup> Available upon request or online at [aabb.org](http://aabb.org).

Signature \_\_\_\_\_

Date \_\_\_\_\_