



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 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)*

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

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.[†]

[†] Available upon request or online at aabb.org.

Signature

Date