



NON-ACCREDITED INSTITUTIONAL (NAI) MEMBER APPLICATION

Membership valid 1/1/2021 – 12/31/2021

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
Fax: +1.301.951.7150

Non-Accredited Institutional (NAI) Member Fees

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

Fee \$970

Please indicate the facility type *(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
- 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)
- Testing Laboratory Facility (performs testing for donors of blood products and/or cellular therapy products)
- 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.[†]

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

Signature _____

Date _____