



Membership Application

(Please type or print clearly)

Name: _____ Degree/Certification: _____
(Last) (First) (MI)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Institution: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email: _____

Please **provide at least one email address** (no more than two) as news of upcoming MAABB events and our Infusion newsletter is now sent via email.

Preferred Mailing Address: Home Work

MAABB needs your help!

Our organization needs active involvement of its members for continued success as an effective state/regional association of blood banks. Check the MAABB website (www.maabb.org) for information and **contact a board member today!**

Would you be willing to participate in our workshops as a speaker or instructor? Yes No

Would you be willing to serve as a district/state delegate? Yes No

Membership Category: Individual (\$35.00 per annum) Sustaining (\$65.00 per annum)

See website for information on **credit card payment** option.

-or-

Make check payable to **MAABB**.

Please return this form with your payment to:

MAABB
P.O. Box 9374
Silver Spring, MD 20916-9374

MAABB use only:
Member ID: _____