



# 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](http://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: \_\_\_\_\_