



# Michigan Association of Blood Banks 2017 Corporate Membership Application



### Corporate/Institutional Membership Information

New Member       Renewing Member

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone (if preferred): \_\_\_\_\_ Email: \_\_\_\_\_

### Annual Membership Dues

Corporate/Institutional Membership      \$ 550.00

Additional Gift\*      \$ \_\_\_\_\_

Total Remitted      \$ \_\_\_\_\_

*\* Your additional gift will help support quality educational programs for MABB members!*

**Please make check payable to:**  
Michigan Association of Blood Banks

**Mail to:**  
MABB  
C/O Terry Downs  
1701 Saunders Crescent  
Ann Arbor, MI 48103

**Office Contact Info:**  
Email: [mabbofficemanager@gmail.com](mailto:mabbofficemanager@gmail.com)  
Website: <http://www.mabb.org>

**If paying by Credit Card: (We accept VISA/MC/Discover)**

Name on card: \_\_\_\_\_

Card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card # \_\_\_\_\_

CVC Number: \_\_\_\_\_ CARD EXPIRATION DATE: \_\_\_\_\_  
(3-4 digit code on back of card)

Signature: \_\_\_\_\_

MABB membership renews annually, with a term that runs January 1 - December 31 of each year, and offers either individual membership or corporate membership. Members receive discounts to the MABB Annual Meeting as well as other educational opportunities and benefits throughout the year.

*Office Use Only:*    Date Received \_\_\_\_\_    Check # \_\_\_\_\_    Check Cashed \_\_\_\_\_