



# Michigan Association of Blood Banks 2017 Individual/Institutional Membership Application



### Membership Type and Annual Dues

- Individual Non-Physician      \$40.00
- Student/Resident                 \$35.00
- Individual Physician               \$70.00
- Institutional Membership         \$85.00
- Additional Gift\*                    \$ \_\_\_\_\_
- Total Remitted**                    \$ \_\_\_\_\_

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

### Position:

- Supervisor, Transf. Service/Blood Bank
- Technologist, Transf. Service/Blood Bank
- Technologist, Blood Center
- Supervisor, Blood Center
- Technologist, General Lab
- Medical Director, Blood Bank/Transf. Svc.
- Medical Director, Blood Center
- Pathologist
- Other \_\_\_\_\_

**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>

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

### Membership Information

- New Member       Renewing Member
- Name: \_\_\_\_\_
- MT (ASCP)    MD    MT(ASCP) SBB    MLS(ASCP)
- MLS(ASCP)SBB    Other \_\_\_\_\_

**Please NOTE any changes in address or email**

**Type or Print Preferred Mailing Address:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Institution/ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**If paying by Credit Card:**

Name on card: \_\_\_\_\_  
Card billing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
CVC Number (3-4 digit code on back of card): \_\_\_\_\_  
CARD EXPIRATION DATE: \_\_\_\_\_  
Signature: \_\_\_\_\_

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