

RENEW NOW FOR 2018!!

OHIO ASSOCIATION OF BLOOD BANKS

The Ohio Association of Blood Banks, founded in 1966, is a state organization dedicated to promoting communication, education, excellence, and professionalism. The Association's goal is to provide sharing of ideas, information, and experience among members of the blood banking community. Membership is open to anyone interested in or working in the field of blood banking or related areas. **Benefits of membership include quarterly newsletters, interaction with colleagues**, eligibility for committee membership, wet education samples for institutional memberships, **reduced registration fees at the Fall Workshop and Annual Meeting**, and state membership rates for Michigan meetings.

Share your enthusiasm for Blood Banking! Photocopy this form and invite new members!

Become a member, stay a member!

2018 OABB Dues Schedule

Individual Non-physician Dues.....\$25.00
Individual Physician Dues.....\$35.00
Institutional Membership Dues.....\$150.00

Laboratory Students & Medical Residents
Free*

**Please provide your graduation year
(*Attach a letter from your instructor to renew membership.)**

Direct questions regarding membership or payment to:

The Ultimate Assistant LLC
Phone: (614) 325-0964
E-mail: admin@ultimateassist.com

Please submit payment by **December 31, 2017**
If you would like to pay your dues via PayPal, please go to the OABB website at oabb4u.org and click on the PayPal page. Please include your member ID number to ensure proper credit. New members will be assigned a number upon payment.

Remit payment to:
OABB
6478 Winchester Blvd., Ste. 120
Canal Winchester, OH 43110
Institutional memberships/renewals received after 1/31/18 will not be eligible for the wet education samples
Interested in helping out? Contact a board member through our website at www.oabb4u.org or write it on your renewal. We have committees for the Newsletter, Education, Website and Membership. Board Member positions rotate and become available.

Separate at this line
If sending invoice to an Accounts Payable Dept, please fill form out prior to sending to ensure proper credit to the appropriate member, and return this portion with your payment to OABB. PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT.

YOUR NAME: (Last, First, Middle Initial) _____ MEMBER NUMBER _____
PREFERRED MAILING ADDRESS HOME ADDRESS INSTITUTION ADDRESS (CHECK ONE)
CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS _____ PHONE NUMBER _____ FAX NUMBER _____
JOB TITLE _____ INSTITUTION NAME _____
**May we share your contact information with:
Industry affiliates (i.e. vendors)?** Yes _____ No _____
On the secure membership only section of our website: Yes _____ No _____

Amount Enclosed