

RENEW NOW FOR 2019!!

# 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:

- Interaction with colleagues
- Leadership opportunities (Committee Membership, Board of Trustees)
- Wet sample proficiency program for institutional memberships
- Access to Membership Only Section of website, which includes current and past CE Articles, newsletters and wet sample results
- Reduced registration fees at the Fall Workshop and Annual Meeting

**Share your enthusiasm for Blood Banking!**

**RENEW TODAY!**

### ***Become a member, stay a member!***

2019 OABB Dues Schedule

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

Laboratory Students & Medical Residents  
**Free\***

**(\*Attach a letter from your instructor and provide your Graduation Year.)**

*Direct questions regarding membership or payment to:*

Cyndi Condrey  
 Phone: (937) 461-3250  
 E-mail: [admin@oabb4u.org](mailto:admin@oabb4u.org)

Please submit payment by **March 31, 2019**

**Institutional memberships/renewals received after March 31, 2019 will not be eligible for wet education samples.**

You can also renew your dues online on the OABB website at [oabb4u.org](http://oabb4u.org). Please include your member ID number to ensure proper credit. New members will be assigned a number upon payment.

**Interested in becoming involved?** Contact us at [admin@oabb4u.org](mailto:admin@oabb4u.org) or write on your Membership/Renewal form. We have committees for Education, Communication, and Membership. Board Member positions are elected positions and are filled from the membership as they become available.

Help us spread the word! Copy this form and pass along to your colleagues!

*Separate at Line.  
Complete and send this portion of form with payment.*

**If sending invoice to an Accounts Payable Dept, please fill form out prior to sending to ensure proper credit to the appropriate member, and then return this portion with your payment to OABB.**

MEMBERSHIP TYPE (CHECK ONE)

- Non-Physician     Physician  
 Institutional  
 Laboratory Student/Medical Resident: \* \_\_\_\_\_

NAME (Last, First, Middle Initial)      MEMBER ID

ADDRESS:  HOME     INSTITUTION (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 section of our website?***  Yes     No

Remit payment to:  
OABB  
P.O. Box 49  
Millersport, OH 43046