



## **2009 MEMBERSHIP APPLICATION**

The Ohio Association of Blood Banks (OABB), 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. The OABB sponsors educational programs to provide scientific, technical, and medical education. The Education Committee coordinates five proficiency samples for institutional members.

Membership is open to anyone interested in or working in the field of blood banking or related areas. Applications are subject to the approval of the Membership Committee. A copy of the Code of Regulations will be sent upon request. Laboratory students and medical residents are encouraged to join.

Benefits of membership include quarterly newsletters, interaction with colleagues, eligibility for committee membership, proficiency samples for institutional memberships, reduced registration fees at OABB educational programs, and state membership rates for Michigan meetings.

Please complete the application and mail with a check payable to OABB to:

**OABB Membership Dues  
6478 Winchester Blvd., Ste. 120  
Canal Winchester, OH 43110**

**Membership dues must be received by March 31, 2009\***

\*Institutional Membership applications with dues received after this date will not be eligible for the proficiency samples.

### ***OABB MISSION***

***To promote education, professional growth and technical expertise in Blood Banking, Transfusion Medicine and related disciplines and to provide the highest standard of service and care to all of our customers, including, but not limited to, patients, donors and peers.***

## 2009 OABB Membership Application

**Check One:**

- Renewal  
 New Member  
 Laboratory Student (free)\*  
 Medical Resident (free)\*

\*(Attach a letter from your instructor)

**Check One:**

- \$25 - Individual, non-physician  
 \$35 - Individual, physician  
 \$150 - Institutional

(Laboratory students and medical residents receive free membership)

Member number (previous member) \_\_\_\_\_

Name (Individual) \_\_\_\_\_

Degree(s), registry, certification \_\_\_\_\_

Position/Title \_\_\_\_\_ Number of years in blood banking \_\_\_\_\_

Institution \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Mailing address, if different than above:**

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail address \_\_\_\_\_

Do we have your permission to publish your name in our Quarterly Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

***Institutions may purchase additional proficiency samples for \$30 each. Please attach additional addresses.***

**Check Committees in which you are interested in participating:**

\_\_\_\_\_ Board Member \_\_\_\_\_ Newsletter \_\_\_\_\_ Education \_\_\_\_\_ Membership

**Referring Member's Name and Membership Number:**

***Support Your Profession ... Become an OABB Member***