



2010 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, 2010*

*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.

2010 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 educational wet 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