

RENEW NOW FOR 2017!!

OHIO ASSOCIATION OF BLOOD BANKS

Become a member, stay a member!

2017 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: (740) 687-1987
E-mail: admin@ultimateassist.com

Please submit payment by March 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
3/31/17 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.

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!

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 _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ PHONE NUMBER _____ FAX NUMBER _____

JOB TITLE _____ INSTITUTION NAME & ADDRESS (IF DIFFERENT) _____

**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

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CANAL WINCHESTER, OH 43110