

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](mailto: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](http://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](http://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

OHIO ASSOCIATION OF BLOOD BANKS  
6478 WINCHESTER BLVD., STE. 120  
CANAL WINCHESTER, OH 43110