California Blood Bank Society
MEMBERSHIP APPLICATION

Return to:
1000 Q Street, #203, Sacramento, CA 95811-6518
FX: (916) 443-6719 info@CBBSweb.org

Name:_____

Professional Category: ☐MD ☐PhD ☐RN ☐LVN ☐MT/CLS ☐Administrative ☐Donor Resources ☐Product Mgmt ☐Other:_____

Position/Title:_____License #:_____

Facility Name:_____

Facility Address:_____

Email:_____ *Email address is required. CBBS will not sell or release your email to third parties.*

Business Phone:_____Fax:_____

INDIVIDUAL and STUDENT MEMBERS ONLY:

Home Address:_____

Home Phone:_____Which address should be used for CBBS correspondence? ☐Business ☐Home

☐Check here if you do NOT want to receive email from the CBBS eNetwork Forum.

☐Check here if you do NOT wish to have your contact information listed in the "Members Only" section of our website.

I would be interested in serving on the following committees:

☐Awards ☐Bylaws ☐Continuing Education
☐Clinical Laboratory Scientists ☐Emergency Preparedness ☐Leadership
☐Nursing/Apheresis ☐Quality Safety Compliance ☐Scientific

Note: Committees are selected in the spring. Committee terms run from August 1 through July 31.

STUDENTS:

Program Name:_____

Program Coordinator:_____Coordinator's Phone Number:_____

ORGANIZATIONAL MEMBERS ONLY:

Type of Facility:

☐Blood Center: Number of units collected annually:_____
☐Hospital
☐Donor Center: Units collected annually:_____Units transfused annually:____Number of beds:_____
☐Transfusion Service: Units transfused annually:_____Number of beds:_____
☐Governmental Agency
☐Industry
☐Other:_____

The above organization is hereby requesting Organizational Membership in CBBS and certifies the facts stated are correct.

Signature of Person Completing the Application:_____

Printed Name of Person Completing the Application:_____

Title:_____Date:_____

ANNUAL DUES:

Memberships are for the calendar year, and run from January 1 through December 31.

☐**Individual** - $105 ☐**Organizational** - $2,500 ☐**Student** - Free for Transfusion CLS/RN students and MD/DO Residents and Fellows.

☐**Plus a contribution of $_____to the CBBS Educational Fund.**

TOTAL: $_____

☐Check enclosed *($20 fee for returned checks.)* ☐Credit Card

Card Number:_____

Exp. Date:_____Security Code:_____Signature:_____

Card Billing Address *(if different from above)*:_____

Donations to the CBBS Education Fund are tax deductible to the extent allowed by law. Annual Membership fees paid to CBBS may be deducted by members for federal income tax purposes as an ordinary and necessary business expense. Consult your tax advisor for further information on tax deductibility.