

Individual Membership Application



19 Mantua Road, Mt. Royal, NJ 08061 USA
Phone: 928-551-6400 | Fax: 856-423-3420
membership@sabm.org | www.SABM.org

Membership Class (see Page 2 for details):

- Allied Health Affiliate Corresponding* Executive
 Physician Student/Physician Resident^ Technologist

Term: 1 year 3 year

Identity

Dr. Mrs. Mr. Ms.

First name: _____ MI ____ Last name: _____

Title: _____

Degree: MD PhD RN MS NP CCP Other _____

Institution Name: _____

Primary Address

Street: _____

City: _____ State: _____ Postal Code: _____ Country _____

Email: _____ Phone: _____

How did you hear about SABM?

Website Annual Meeting Colleague Other _____

I was referred by (member's name) _____

What is your interest or involvement in PBM?

Specialties

Are you board certified? Yes No

Please indicate your top three areas of certification/specialties:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Nursing | SURGERY:
<input type="checkbox"/> Cardiac
<input type="checkbox"/> Colon and Rectal
<input type="checkbox"/> General
<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Thoracic
<input type="checkbox"/> Urological
<input type="checkbox"/> Vascular
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Nuclear Medicine | |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Obstetrics/Gynecology | |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Oncology | |
| <input type="checkbox"/> Blood Banking | <input type="checkbox"/> Ophthalmology | |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Pathology | |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> PBM Coordinator | |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Pediatrics | |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Perfusion | |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Physical Medicine and Rehabilitation | |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Preventative Medicine | |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Transfusion Medicine | |

MEMBERSHIP CLASS DESCRIPTIONS

Active Member

Active membership shall be open to those individuals who have a demonstrated interest in, are involved in vocations related to, or contribute to the field of blood management as determined by the Board of Directors at its discretion. Active Members shall have full membership rights and privileges, including the right to vote and to serve on the Board of Directors and as officers of the Society. Active member types are:

Allied Health \$200 USD-1 year / \$540 USD-3 year

RN, CCP, CRNA, NP, PA, Director, Manager, Supervisor, Coordinator, PharmD, R.Ph, or PhD

Executive \$250 USD-1 year / \$675 USD-3 year

CEO, COO, SVP or VP

Physician \$250 USD-1 year / \$675 USD-3 year

MD & DO

Technologist \$50 USD-1 year / \$135 USD-3 year

MT (ASAP), Lab Tech, Cell Saver Tech, Anesthesia Tech, Blood Bank Tech, EMT/ Paramedic

Affiliate Member (\$300 USD-1 year / \$810 USD-3 year)

Affiliate membership is open to those individuals who provide, or are employed by enterprises that provide, products or services to a blood management program or otherwise to the field of blood management. Affiliate membership does not include the right to vote, serve on the Board of Directors, or hold office.

Corresponding Member (\$100 or \$50 USD-1 year)

This type of membership is available to individuals who qualify as Active Members, but who seek a membership fee discount. Residents of countries defined by the World Bank in the Middle Income/Upper Middle Income category have the option of joining SABM at the discounted annual membership rate of \$100 and those defined as Middle Income/Low Middle Income or Low Income at \$50. Corresponding membership does not include the right to vote, serve on the Board of Directors, or hold office.

Student/Physician Resident Member (\$20 USD-1 year / \$54 USD-3 year)

Student/Physician Resident membership is open to those individuals who are enrolled in an accredited education program. Student/Physician Resident membership is limited to the period of time that the individual is enrolled in such program but not exceeding five (5) years. Physician Residents, until completed with residency, are considered students. Student/Physician Resident membership does not include the right to vote, serve on the Board of Directors, or hold office.

Membership Payment

Personal Check VISA MasterCard American Express Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Would you like to donate to SABM? Yes (Amount: _____) No

*For Corresponding applications, include a scanned copy of your passport that proves residency in the appropriate country.

^For Student applications, include the following:

Academic institution: _____

Program enrolled: _____

Expected graduation date: _____ / _____ / _____ Proof of enrollment e.g., a letter from your Dean, class schedule, etc. MUST be included with this application.

Send application and payment (plus supporting documentation for Corresponding or Student applications) via email, fax or U.S. mail to the addresses below.