



_____ Kentucky Association of Blood Banks _____

KENTUCKY ASSOCIATION OF BLOOD BANKS

www.kabb.org

2010 Membership

Name: _____

(Please print legibly)

Affiliation: _____

Address of correspondence: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Would you prefer to receive mailings & publications via your e-mail address? _____

List any address/name change:

(Please indicate change)

Change of address _____

Change of name _____

2009 Dues: \$15.00 if submitted on or before March 12, 2009

\$17.00 if submitted after March 12, 2009

\$10.00 Student

Make checks payable to: **Kentucky Association of Blood Banks**

Remit payment to: Angela Arthur
c/o KABB Membership
965 Lily Dr.
Lexington, KY 40504

Please indicate if you are willing to assist with additional KABB activities, such as:

- Committee Participation
- Hold an Office
- Be a Speaker
- Submit small article for CHANNELS
newsletter
- Help edit newsletter

Do you have suggestions for future
topics? _____