



## INDIVIDUAL MEMBERSHIP APPLICATION

**Individual Membership.** Any individual who is currently involved in activities related to veterinary transfusion and transplantation medicine or blood testing may be an Individual Member.

### MAILING INFORMATION

Please print your name, any degrees, certifications, licenses and title, as you would like them to appear on your membership card and in the directory.

\_ Dr. \_ Mrs. \_ Ms. \_ Miss \_ Mr. \_RVT  
Name

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Degrees/Certifications/Credentials

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Primary Address \_ Home \_ Work  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Province/Postal Code/Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Secondary Address \_ Home \_ Work  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Province/Postal Code/Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Can we include your contact information in our  
Membership Directory? \_ Yes \_ No

### MEMBERSHIP DUES

Annual Individual Memberships, \$35.00

Check # \_\_\_\_\_

Or charge to:  American Express

MasterCard  Visa

Card Number \_\_\_\_\_

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name as it appears on the card:

*If accepted in the International Association of Veterinary Blood Banks, I pledge to foster and advance the principles and objectives, which the Association represents, and to abide by its Code of Ethics and Bylaws.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return form with payment to:

### INTERNATIONAL ASSOCIATION OF VETERINARY BLOOD BANKS

Attention: Membership Services

PO Box 377

Stockbridge, MI 49285

### QUESTIONS? CONTACT MEMBERSHIP SERVICES AT: MEMBERSHIP@IAVBB.ORG

Please Note:

In compliance with Federal Paperwork Reduction Act and regulations, we must provide this notice. The IAVBB is an IRS §501 c(6) Business League. Our EIN is 47-2166261. Membership in the IAVBB is not a 1099 event. Further, we do not fill out or return W-9 requests for taxpayer ID forms or their substitutes.

**Please indicate the facility type you operate or are employed by** *(please select only one)*

- Veterinary Blood/Tissue Bank (collects blood/tissue, primarily provides blood, components or tissue to other facilities)
- Hospital Blood Bank (collects blood, provides blood and components for transfusion in house)
- Veterinary Hospital (provides blood, components or tissue for transfusion/does not collect blood)
- Testing Laboratory (performs laboratory testing to blood and/or tissue banking)
- Donor facility
- Other: \_\_\_\_\_

**Is the facility where you are employed an IAVBB Institutional Member?**

- Yes  No

**If yes, what is the facility's member ID#?** \_\_\_\_\_

**Your specialty** *(please check all that apply)*

- Administration/Owner/Executive
- Blood Banking/Transfusion Medicine
- Emergency & Critical Care
- Hematology/Oncology/Internal Medicine
- Phlebotomy/Hemapheresis
- Other: \_\_\_\_\_

**Please indicate your primary responsibility** *(please check one)*

- Veterinarian—Surgeon/Anesthesiologist
- Veterinary Medical Resident/Student
- Education Director/Coordinator
- Research
- Marketing/Sales/Finance/Accounting
- CEO/Executive
- Director/Administrator/Senior Management
- Phlebotomist

- RVT/LVT
- Veterinary Assistant
- Other: \_\_\_\_\_

**Areas of Expertise** *(please check all that apply)*

- Blood Component Preparation and Storage
- Blood Donor Hemapheresis
- Blood Donor Testing
- Business and Public Administration/Management
- Computer Technology/Information Systems
- Education/Training
- Immunohematology
- Parentage Testing
- Quality Management/Assurance
- Regulatory Compliance
- Hemapheresis
- Tissue Banking
- Transfusion Practice
- Transfusion-Transmitted Diseases
- Other: \_\_\_\_\_

**Please indicate any further information, qualifications, or interests in IAVBB projects you would like to tell us about.**

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## Individual Membership Application

[www.IAVBB.org](http://www.IAVBB.org)