



# Blood Banks Association of New York State, Inc.

## 2010 MEMBERSHIP APPLICATION

Memberships (Check One)	Professional/ Technical	Physician/ Doctorate	Student	Institutional
One-Year:	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$10	<input type="checkbox"/> \$75
Three-Year:	<input type="checkbox"/> \$80	<input type="checkbox"/> \$125	N/A	<input type="checkbox"/> \$200

### Contact Information (Please complete both for Home & Institution):

**Name/Title:** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

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

Phone: ( \_\_\_ ) - \_\_\_ - \_\_\_ Fax: ( \_\_\_ ) - \_\_\_ - \_\_\_

**Institution Address:** \_\_\_\_\_

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

Phone: ( \_\_\_ ) - \_\_\_ - \_\_\_ Fax: ( \_\_\_ ) - \_\_\_ - \_\_\_

**Preferred Email Address:** (TO RECEIVE NEWSLETTERS) \_\_\_\_\_

**Work Region:** \_\_\_ WESTERN NY \_\_\_ CENTRAL NY \_\_\_ UPSTATE - ALB/SCHENEC/TROY \_\_\_ NORTHERN \_\_\_ LOWER HUDSON VALLEY \_\_\_ NYC \_\_\_ LONG ISLAND \_\_\_ OUT OF STATE

**Membership Directory:** Include me with \_\_\_ my institutional address \_\_\_ my home mailing address \_\_\_ exclude me

### Membership Payment Options:

Check # _____	<b>Payable to:</b> "BBANYS, Inc."	
	<b>Mail to:</b> BBANYS Membership, P.O. Box 38002, Albany, New York 12203-8002	
Credit Card ___ Visa ___ Master Card ___ AMEX	Name : _____ (As name appears on credit card)	Card #: _____
	Billing Address of Card Holder: _____ _____	CVC #: _____ (3-4 digits on back of card)
		Exp. Date: _____
		Signature: _____ (Authorizes credit card charge)
Credit Card Payments via Fax or questions:	Please Call: (518) 356-0527 or (347) 689-4288	