

North Carolina Association of Blood Bankers Membership 2009

New Membership \$25.00

Renewal \$25.00

Name: _____

Address: _____

Employment: _____

Preferred e-Mail Address: _____

Telephone: Work: _____ Cell: _____

Home: _____

Fax Work: _____

Fax Home: _____

Please complete all of the above information so that we may have updated and accurate contact information. Return this form with a check or money order for \$25.00 to:

**NCABB, INC
P.O. BOX 786
Jamestown, NC 27282-9552**

A membership card will be sent to you.

For any questions concerning membership or notification of change of address, please contact the Membership Chair, Linda Braddy (lrbraddy@gmail.com) or Jennifer Reed (ladybugjenni@aol.com)

Thank-you for your continued support of the North Carolina Association of Blood Bankers. www.ncabb.org