



# Sustaining Membership Application

## **SUSTAINING MEMBERSHIP – Annual Dues: \$1000.00**

AAB's Sustaining Membership is for entities that manufacture, produce, distribute, sell, or lease products, supplies, equipment, or services to laboratories, and who evidence a serious interest in the activities of the Association, which includes the College of Reproductive Biology (CRB) and the National Independent Laboratory Association (NILA).

Sustaining Membership Includes two (2) individual members and a 33% reduction for additional individual members; a 15% discount on advertisements in the *AAB Bulletin* or *Conference Program Book*; subscription to the *AAB Bulletin*; discounts on meeting/seminars for up to three additional company representatives; first right of refusal (over non-members) to be a primary sponsor of an AAB activity; discounts on AAB publications; recognition in the *AAB Bulletin*; Recognition on our AAB/CRB/NILA websites (includes posting your company logo with a link to the company website and a brief description about your company); and a Liaison to the AAB Board (to be elected from sustaining members when the number of sustaining members meets or exceeds 12).

**Company** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Toll Free \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

**1<sup>st</sup> Individual Member** \_\_\_\_\_

Mailing Address (check one):  Home  Work

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Job Title/Position:  President  Vice President

CEO  COO  CFO  Other. Please specify: \_\_\_\_\_

**2<sup>nd</sup> Individual Member** \_\_\_\_\_

Mailing Address (check one):  Home  Work

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Job Title/Position:  President  Vice President

CEO  COO  CFO  Other. Please specify: \_\_\_\_\_

### **PAYMENT METHOD**

Amount enclosed: \$ \_\_\_\_\_

Check  Money Order  Credit Card:  American Express  MC  VISA  Discover

Credit Card # \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Print Name On Card \_\_\_\_\_ Signature \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please forward the completed application to the AAB office along with the applicable annual dues. If you are paying with a credit card, you can fax the completed application to the AAB office at (314)241-1449.