The application below can be typed online. Place your cursor on the line and begin typing. After completing the application, print a copy, sign it and mail with applicable payment to the AAB office.



AAB Membership

Signature _

Application for AAB Membership



Categor	y of	Members	hip	(check one)
---------	------	---------	-----	-------------

\$ 275 Di	rirector					
\$ 90	Manager OR Supervisor					
\$ 75 Sp	75 Special (Member of Armed Forces or full-time University faculty member and not directing a clinical lab)					
\$ 100 Af	\$ 100 Affiliate Member - an individual who provides services or consultations that involve the laboratory testing process.					
\$ 350 St	\$ 350 Supporting Membership - vendor representatives or salespersons.					
	lational Independent Laboratory Association (NILA) - Includes two individual AAB "owner" or "execudiditional owners/executives from the NILA member laboratory may join at the rate of \$275 per personal transfer of the contract of the contr					
\$1,000 St	ustaining Membership - firms or individual evidencing a serious interest in the activities of the Associated	ciation.				
Check the Interest	st Sections you wish to participate in:					
	ege of Reproductive Biology (CRB) Membership. <u>FREE</u> to AAB members in good standing. ental Biology and Public Health Section (EBPH). <u>FREE</u> to AAB members in good standing.	WEB				
Type or Print						
Name	Title :	SS#				
Laboratory						
Mailing Address (check of	one): Home Work					
Phone	Fax					
Email						
Job Duties						
Do you have any owne	ership interest in your laboratory? YES NO					
Dues Payment Me	ethod (U.S. Dollars ONLY): Check Money Order American Express MasterCard VI	ISA Discover				
Credit Card #	Expiration Date/_ C	CVCCard Verification Code				
L						