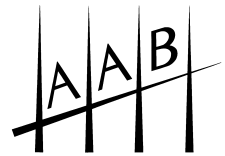




**AAB Sustaining and Supporting Membership Application**



Choose the Sustaining or Supporting AAB membership category by checking the appropriate box and completing the information within the membership category. 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.

**Sustaining Membership – Annual Dues: \$1000.00**

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 meetings/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*; a Liaison to the AAB Board (to be elected from sustaining members when the number of sustaining members meets or exceeds 12).

**PRIMARY CONTACT**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

**SECOND CONTACT**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Supporting Membership – Annual Dues: \$350.00**

Includes one (1) individual member; subscription to the *AAB Bulletin* discounts on meeting/seminars and AAB publications; and a Liaison to the AAB Board (to be elected from supporting members when the number of supporting members meets or exceeds 12).

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

<b>Payment:</b> <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card No.: _____ Exp. Date _____
Name on Credit Card _____ Signature _____

Have you ever been convicted to any crime other than a traffic violation, disciplined by a government agency or professional organization, or affiliated with a laboratory or a health related organization that has been sanctioned by any governmental agency?       YES       NO

If yes, explain (use back of application or additional page if necessary) \_\_\_\_\_  
\_\_\_\_\_

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