



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 _____

1st 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: _____

2nd 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 return completed application to: American Association of Bioanalysts, 906 Olive Street, Suite 1200, St. Louis, Missouri 63101-1448, Telephone: (314)241-1445, Fax: (314)241-1449, Email: aab@aab.org.