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.

A A B Application for	AAB Membership	AAB
Category of Membership (check one)		
AAB Membership		
\$ 275 Director		
\$ 90 Manager OR Supervisor		
\$ 75 Special (Member of Armed Forces or full-time University faculty member and not directing a clinical lab)		
\$ 100 Affiliate Member - an individual who provides services or consultations that involve the laboratory testing process.		
\$ 350 Supporting Membership - vendor representatives or salespersons.		
\$1,000 National Independent Laboratory Association (NILA) - Includes two individual AAB "owner" or "executive officer" memberships. Additional owners/executives from the NILA member laboratory may join at the rate of \$225 per person.		
\$1,000 Sustaining Membership - firms or individual evidencing a serious interest in the activities of the Association.		
Check the Interest Sections you wish to participate in:		
AAB College of Reproductive Biology (CRB) Membership. FREE to AAB members in good standing. Environmental Biology and Public Health Section (EBPH). FREE to AAB members in good standing.		
Type or Print		
Name Titl	5	_ SS#
Laboratory		
Mailing Address (check one): Home Work		
Phone	Fax	
Email		
Job Duties		
Do you have any ownership interest in your laboratory? YES NO		
Dues Payment Method (U.S. Dollars ONLY): Check Money Order	American Express MasterCard	VISA Discover
Credit Card #	Expiration Date /	CVC
	MO/YR	Card Verification Code
Signature	Date	

Please return completed application, along with applicable payment to: American Association of Bioanalysts, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, Phone: (314)241-1445, Fax: (314)241-1449, Email: aab@aab.org, Web site: www.aab.org