



CALIFORNIA BLOOD BANK SOCIETY

915 L Street PMB-C416 • Sacramento, CA 95814-3705

Phone: (520) 749-6889 Fax (520) 844-1952

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Annual Membership is \$2050.00 for the calendar year January 1st through December 31st.

Facility Name: _____

Facility Address: _____

Telephone Number: _____ FAX: _____

Name of Chief Administrative Officer: _____

Type of Facility:

___ Blood Center:
Number of units collected annually: _____

___ Hospital-based Blood Center:
Number of units collected annually: _____

Number of units transfused annually: _____

Number of beds: _____

___ Hospital Transfusion Service:
Number of units transfused annually: _____

Number of beds: _____

___ Governmental Agency

___ Other (please indicate): _____

Organization Status:

___ Not-for-profit ___ For-profit

___ Licensed by the State of California ___ Licensed by the FDA

___ Registered by the FDA ___ Accredited by the American Association of Blood Banks

Name of contact person: _____

Telephone number: _____ FAX: _____ E-mail: _____

Address: _____

The above organization is hereby requesting Institutional Membership in CBBS and certifies the facts stated are correct.

Printed Name and Signature of Person Completing Application

Title

Date of Application