



# 2012 Individual Membership Renewal

ASFA Individual Membership is available to all those actively engaged in the discipline of apheresis. In lieu of requiring recommendation letters, applications are subject to approval by the ASFA Membership Committee Chair.

1. CONTACT INFORMATION	
Name:	<div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> <span>Last</span> <span>First</span> <span>Initial</span> </div>
Degrees:	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> MT <input type="checkbox"/> Other: _____
Job Title:	
Department:	
Institution:	
Address:	
City:	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>State: _____</span> <span>Zip: _____</span> <span>Country: _____</span> </div>
Telephone:	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Fax: _____</span> </div>
Email:	<div style="display: flex; justify-content: flex-end; font-size: small; margin-right: 20px;"> <span>Gender:   <input type="checkbox"/> Male   <input type="checkbox"/> Female</span> </div>

2. MEMBERSHIP INFORMATION	
<p>Please note that ASFA annual membership fees cover January to December. Fees paid after November 1 are applied to the following year. Membership cannot be processed without payment.</p>	
<p><b>E-MEMBERSHIP</b> (with <u>Electronic Subscription</u> to the Journal of Clinical Apheresis)</p>	
Physician/Ph.D. Membership:	<input type="checkbox"/> US\$135.00/year <input type="checkbox"/> US\$135.00/year (Outside North America)
Corporate Supplier Employee Membership:	<input type="checkbox"/> US\$135.00/year <input type="checkbox"/> US\$135.00/year (Outside North America)
Allied Health Professional or Physician in Training Membership:	<input type="checkbox"/> US\$110.00/year <input type="checkbox"/> US\$110.00/year (Outside North America)
<p><b>JOURNAL-MEMBERSHIP</b> (with <u>Printed and Electronic Subscription</u> to the Journal of Clinical Apheresis)</p>	
Physician/Ph.D. Membership:	<input type="checkbox"/> US\$160.00/year <input type="checkbox"/> US\$180.00/year (Outside North America)
Corporate Supplier Employee Membership:	<input type="checkbox"/> US\$160.00/year <input type="checkbox"/> US\$180.00/year (Outside North America)
Allied Health Professional or Physician in Training Membership:	<input type="checkbox"/> US\$135.00/year <input type="checkbox"/> US\$155.00/year (Outside North America)
<p><b>ALLIED HEALTH PROFESSIONAL AND PHYSICIANS IN TRAINING MEMBERSHIP WITHOUT JOURNAL SUBSCRIPTION:</b></p>	
<input type="checkbox"/> US\$65.00/year <input type="checkbox"/> US\$75.00/year (Outside North America)	
<p>Please extend this membership for <b>2 years</b>:   <input type="checkbox"/> Those choosing a 2-year membership will be charged for both 2012 and 2013 at the 2012 membership rate, and receive receipts for both membership years immediately.</p>	
<p><i>If accepted as a member of ASFA, I pledge to foster and advance the principles and objectives the Society represents, and to abide by its bylaws.</i></p>	
Signature: _____	Date: _____

**3.**

**PROFESSIONAL INFORMATION**

**Job Category – Please check all that apply:**

(Please check the titles that are the nearest match – i.e. if you are an Associate, Assistant, Co-, or Acting Director, please check "Director".)

- Administrator
- Fellow/Resident
- Marketing
- QA/QC
- Other
- Business Development
- Lab Supervisor
- Nurse
- Regulatory Affairs
- Consultant
- Manager
- Physician
- Researcher/Scientist
- Director
- Manager – Lab
- President/CEO
- Sales
- Director – Medical
- Manager – Program
- Professor
- Technician

**Affiliation – Please check all that apply:**

- Academic/University
- Private Hospital
- Other
- Government Agency/Military
- Public Hospital
- Research Foundation/Institute
- Blood Center
- Industry/Corporation

**Type of Practice/Work – Please check all that apply:**

- Clinical Research
- Manufacturing/Production
- Other
- Clinical Practice/Trials
- Management
- Lab Research/Processing
- Administration

**4.**

**PAYMENT INFORMATION**

**Check Payment**      Checks should be made payable to: **American Society for Apheresis**  
 (in US funds drawn on a US or Canadian bank)      Fed. Tax ID No.: 36-3146061

**Credit Card Payment**

Card Type:       MasterCard\*\*       Visa\*\*       American Express\*\*

Card No: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\* The charges will appear on your credit card statement as American Society for Apheresis

**5.**

**YOUR FEEDBACK**

**We would appreciate your input. Please let us know what initiatives/activities you would like to see:**

Please submit **both** pages of this Individual Membership Application Form along with payment to:

ASFA Head Office  
 375 West 5<sup>th</sup> Ave, Suite 201  
 Vancouver, BC V5Y 1J6 Canada

Tel: 604-484-2851  
 Fax: 604-874-4378  
 E-mail: asfa@apheresis.org  
 Website: www.apheresis.org

Credit card payments may be faxed to the ASFA Head Office at 604-874-4378