



2010 Individual Membership Application

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:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">Last</td> <td style="border: none; width: 30%; text-align: center;">First</td> <td style="border: none; width: 20%; text-align: center;">Initial</td> </tr> <tr> <td colspan="3" style="border: none;">_____</td> </tr> </table>	Last	First	Initial	_____		
Last	First	Initial					

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:	_____ State: _____ Zip: _____ Country: _____						
Telephone:	_____ Fax: _____						
Email:	_____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						

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>	
E-MEMBERSHIP (with <u>Electronic Subscription</u> to the Journal of Clinical Apheresis)	
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)
JOURNAL-MEMBERSHIP (with <u>Printed and Electronic Subscription</u> to the Journal of Clinical Apheresis)	
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)
ALLIED HEALTH PROFESSIONAL AND PHYSICIANS IN TRAINING MEMBERSHIP WITHOUT JOURNAL SUBSCRIPTION:	
<input type="checkbox"/> US\$65.00/year <input type="checkbox"/> US\$75.00/year (Outside North America)	
Please extend this membership for 2 years : <input type="checkbox"/> Those choosing a 2-year membership will be charged for both 2010 and 2011 at the 2010 membership rate, and receive receipts for both membership years immediately.	
<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>	
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 5th 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