



2010 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: _____
Last First Initial

Degrees: MD PhD RN MT Other: _____

Job Title: _____

Department: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Gender: Male Female

2. MEMBERSHIP INFORMATION

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.

E-MEMBERSHIP (with Electronic Subscription 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 Printed and Electronic Subscription 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:

US\$65.00/year US\$75.00/year (Outside North America)

Please extend this membership for **2 years**: 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.

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.

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