



SOUTH CENTRAL  
Association of Blood Banks

## South Central Association of Blood Banks Associate Corporate Membership Application

_____		_____	
Corporate Name		Corporate url/web address	
_____		_____	
Corporate Contact Name		Corporate Contact email	
_____		_____	
Street Address	City	ST	Zip
(_____)_____			
Phone	Corporate Product and/or /Service		

\_\_\_\_\_ Please contact me regarding exhibit/sponsor opportunities at the 2009 Annual Meeting in Oklahoma City.

### **PAYMENT INFORMATION:**

Please bill the credit card below in the amount of \$200.00, the annual Associate Corporate Member fee.

_____	_____
Credit Card Number	Expiration Date
Circle: VISA/MC/AMEX	

\_\_\_\_\_  
Name of Cardholder

Return completed application to SCABB, 2901 Richmond Road, Suite 130-176, Lexington, KY 40509 or Fax to 866-649-6590. For more information call 866-649-6550 or email [scabb@scabb.org](mailto:scabb@scabb.org).