

CALIFORNIA BLOOD BANK SOCIETY

WHO WE ARE

MISSION: CBBS educates, develops, and inspires healthcare professionals in transfusion medicine and cellular therapy to improve practice and patient outcomes.



LEADERSHIP: Diverse nine person board, including transfusion medicine physicians, with expertise in health care administration, clinical laboratory medicine and quality/regulatory matters.Plus...

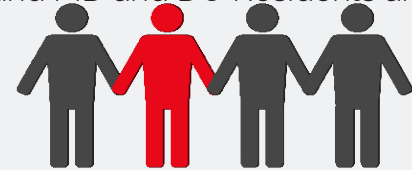
16 active committees, and a
6 person staff.

MEMBERSHIP MAKE-UP

INDIVIDUAL MEMBERS: People who practice, or are interested in, transfusion medicine.

ORGANIZATIONAL MEMBERS: Organizations active in aspects of Transfusion Medicine such as Blood Centers, Hospitals with Donor Centers and/or Transfusion Services, Government agencies, Industry, etc.

STUDENTS: Transfusion Medicine CLS and RN Students and MD and DO Residents and Fellows.



WHAT WE DO

CBBS supports everyone involved in Transfusion Medicine by:

Providing timely educational programs.

Strengthening professional relationships.

Responding to regional issues.

Encouraging collaborative efforts.

BENEFITS OF MEMBERSHIP

CONTINUING EDUCATION OFFERED AT A REASONABLE COST

- Accredited CEUs for clinical laboratory scientists, nursing professionals and physicians.
- Non-technical education for administrators, donor resources, marketing and public relations professionals and inventory managers.
- Multi-day Annual Meeting in addition to one-day specialized regional seminars.
- Commercial exhibits displaying the latest products and equipment.

LEADERSHIP DEVELOPMENT AND PEER RECOGNITION

- Awards and Recognitions
- Committee Participation
- Leadership Opportunities
- Board of Directors Service

NETWORKING OPPORTUNITIES

- Move your "Job" into a "Career" through networking!
- CBBS website, CBBSWEB.ORG, your portal to transfusion medicine information and events, featuring:
 - e-Network Forum
 - Fast Breaking News
 - California Disaster Plan
 - Training Materials
 - Career Center
 - Resources and Useful Links
 - Members Only Section
 - Searchable Membership Directory
 - Enhanced community collaboration
 - Update your profile at any time

MEMBERSHIP SCHOLARSHIP OPPORTUNITIES



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MEMBERSHIP APPLICATION



RETURN TO:
1000 Q STREET, #203, SACRAMENTO, CA 95811-6518
FX: (916) 443-6719 INFO@CBBSWEB.ORG

Name: _____

Professional Category: MD PhD RN LVN MT/CLS Administrative Donor Resources Product Mgmt
 Other: _____

Position/Title: _____ License #: _____

Facility Name: _____

Facility Address: _____

Email: _____ *Email address is required. CBBS will not sell or release your email to third parties.*

Business Phone: _____ Fax: _____

INDIVIDUAL and STUDENT MEMBERS ONLY:

Home Address: _____

Home Phone: _____ Which address should be used for CBBS correspondence? Business Home

Check here if you do NOT want to receive email from the CBBS eNetwork Forum.

Check here if you do NOT wish to have your contact information listed in the "Members Only" section of our website.

I would be interested in serving on the following committees:

- | | | |
|---|---|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Clinical Laboratory Scientists | <input type="checkbox"/> Nursing/Apheresis |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Quality Safety Compliance |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Leadership | <input type="checkbox"/> Scientific |

Note: Committees are selected in the spring. Committee terms run from August 1 through July 31.

STUDENTS:

Program Name: _____

Program Coordinator: _____ Coordinator's Phone Number: _____

ORGANIZATIONAL MEMBERS ONLY:

Type of Facility:

- Blood Center: Number of units collected annually: _____
- Hospital
- Donor Center: Units collected annually: _____ Units transfused annually: _____ Number of beds: _____
- Transfusion Service: Units transfused annually: _____ Number of beds: _____
- Governmental Agency
- Industry
- Other: _____

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

Signature of Person Completing the Application: _____

Printed Name of Person Completing the Application: _____

Title: _____ Date: _____

ANNUAL DUES:

Memberships are for the calendar year, and run from January 1 through December 31.

Individual - \$105 Organizational - \$2,800 Student - Free for Transfusion CLS/RN students and MD/DO Residents and Fellows.
 Plus a contribution of \$ _____ to the CBBS Educational Fund.

Check enclosed (\$20 fee for returned checks.) Credit Card

TOTAL: \$ _____

Card Number: _____

Exp. Date: _____ Security Code: _____ Signature: _____

Card Billing Address (if different from above): _____

Donations to the CBBS Education Fund are tax deductible to the extent allowed by law. Annual Membership fees paid to CBBS may be deducted by members for federal income tax purposes as an ordinary and necessary business expense. Consult your tax advisor for further information on tax deductibility.