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.

WHAT WE DO

CBBS supports everyone involved in Transfusion Medicine by:

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

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.

BENEFITS OF MEMBERSHIP

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

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MEMBERSHIP SCHOLARSHIP OPPORTUNITIES
Name: __________________________

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

Position/Title: __________________________ License #: __________________________

Facility Name: __________________________

Facility Address: __________________________

Email: __________________________ Business Phone: __________________________ Fax: __________________________

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

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:

☐ Awards ☐ Clinical Laboratory Scientists ☐ Nursing/Apheresis
☐ Bylaws ☐ Emergency Preparedness ☐ Quality Safety Compliance
☐ Continuing Education ☐ Leadership ☐ 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.

TOTAL: $__________

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

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.