

ADRP Membership Application / Profile

This information will be used to build demographic information on the association for statistical and resource purposes.

PLEASE PRINT

Name: _____
Title: _____
Department: _____
Organization Name: _____
Street Address: _____
City/State/Country/Postal Code _____
Office phone: _____ Mobile Phone: _____ Fax # _____
Email address: _____
Organization website: _____

Information on Employing Organization

Employing Organization:

- Blood Center
- Hospital or Medical Center
- Red Cross
- Transfusion Service
- Research Center
- Marrow Transplant Center
- Gov't Agency
- University
- Other _____

Blood Units Collected (if applicable):

- Less than 10,000
- 5,001 – 20,000
- 20,001 – 50,000
- 50,001 – 100,000
- 100,001 – 250,000
- 250,001 – 500,000
- 500,001 – 1 million
- 1 – 2 million
- 2 million +

In which area(s) do you work:

- Apheresis
- Marrow and Blood Stem Cell
- Whole Blood
- Blood Components
- Blood Plasma
- Organ
- Tissue
- Other _____

Number of employees involved in recruitment-related activities: _____

Size of donor base: _____

In what recruitment area(s) is your center involved?

- Apheresis
- Marrow and Blood Stem Cell
- Whole Blood
- Blood Components
- Blood Plasma
- Tissue
- Organ
- Other _____

Organization Recruitment Avenues

- TV (paid)
- TV (PSA)
- Radio
- e-mail
- Web site
- Telephone
- Direct Mail
- Direct Recruitment
- Other _____

Organization Marketing Budget

- Under 10K
- \$10-\$50K
- \$50-100,000K
- Over \$100,000K

Personal Information

How many years have you been involved in donor recruitment?

- First year
- 2-5 years
- 6-10 years
- 10-20 years
- 20+ years

Personal Expertise

(please indicate all that apply)

- Recruitment
- Marketing & Communications
- Community Development
- Special Events
- Donor Retention
- Staff Administration
- Research
- Automated Collection
- Other _____

Areas of Interest

(please indicate all of areas of interest)

- Recruitment
- Marketing & Communications
- Community Development
- Special Events
- Donor Retention
- Staff Administration
- Research
- Automated Collection
- Other _____

Other organizations you or your organization are affiliated with:

- American Association of Blood Banks
- American Association of Tissue Banks
- America's Blood Centers
- American Red Cross
- The American Society of Transplantation
- American Society for Blood & Marrow Transplantation
- International Committee of the Red Cross
- International Society of Blood Transfusion
- National Blood Service
- National Marrow Donor Program
- Other _____

I want to pay by: Check No. _____ Please mail completed application and check for \$75 US dollars to:

Association of Donor Recruitment Professionals / P.O. Box 150790 / Austin, Texas 78715

I want to pay by: Credit Card: MasterCard Visa Please fax application and credit card information to 866.498.6527

Card Number _____ Exp. Date _____

Name on Card _____ Billing Zip Code _____

I am interested in serving on an ADRP Committee:

- Awards
- Career Development
- Communications
- Conference
- Finance
- Global Programs
- Membership
- Nominating
- Planning
- Corporate Partnership Development

Questions? Call Deborah Swift, Executive Director, 512.658.9414 or email dswift@adrp.org