

APPLICATION FOR MEMBERSHIP

Blood Bank of Delmarva Group Plan 

(First) (M.I.) (Last) Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pension ID Number: _____

Telephone (home): _____ (business): _____

(cell): _____ Date of Birth: ____ / ____ / ____

Name of Spouse/Civil Union Spouse: _____

Your Employer: STATE OF DE - RETIREE

Blood Bank of Delmarva asks everyone to join its NEW Members for Life plan and take a turn providing blood at least once a year and allow the Blood Bank to contact them if there is ever a need for their blood type. Most healthy people between 17 and 79 can give blood. Those age 80+ require medical approval.



Date

Signature

WAIVER FORM

Blood Bank of Delmarva Group Plan 

*I have reviewed the details of the Blood Bank of Delmarva Group Plan and **do not wish** to become a member at this time.*

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