



Worldwide Network for Blood and Marrow Transplantation

WBMT CORPORATE PATRON APPLICATION FORM

As a representative of (company name)

I would like to apply for corporate membership as specified in the bylaws of the WBMT and according to the guidelines of WBMT corporate membership at

- Platinum 100,000 € per annum
- Gold 50,000 € per annum
- Silver 20,000 € per annum
- Bronze 10,000 € per annum

Beginning (month/year)

Company

Medical Director

Address

Phone

Fax

Web Site

Representative(s) *If you would like to list a number of company staff to receive regular WBMT communications please complete their details on the next page. Please also name the main **Corporate Representative** for correspondence with the WBMT Secretariat Office. This may be the Medical Director or one of the representatives listed on page 2.*

Appointed Corporate Representative:

Name

Address

Phone

Fax

E-mail

Company staff to be listed:

Name
Address
.....
Phone
Fax
E-mail

Name
Address
.....
Phone
Fax
E-mail

Name
Address
.....
Phone
Fax
E-mail

.....

Date

.....

Signature of Medical Director

Please send the completed form to:
WBMT (Dr. Dennis Confer)
National Marrow Donor Program
3001 Broadway St. N.D. Suite 110
Minneapolis, MN 55413-1753 USA