

# 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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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature