American Transplant Association
Membership Information Form

Name

Name

Name

Address

Phone (day) __________________ (evening) ________________ (fax) __________________ (email) __________________

Candidate/Recipient

Type of transplant
From living donor? Yes No
Date transplanted/listed
Hospital/Transplant Center

Annual Dues:

- Individual/Family ($12.00) $ ____________
- Additional contribution * $ ____________
- Total payable to ATA $ ____________

- Please waive my dues for now.

ATA’s official policy is to never deny membership for financial reasons. If you want to be a member of ATA but can’t afford it now, just let us know.

- Family membership includes all adult family members living at the same address and all minor children who are transplant recipients or candidates.

ATA does not release the names, addresses, or phone numbers of its members to anyone outside the organization without their express written permission.

* ATA is a not-for-profit organization; contributions are tax-deductible. If your company has a matching funds program, please submit that application with your contribution.

What information would you be willing to share with other members? (This information will only be used for statistical purposes or to match members for support purposes.)

Age _______ Age at transplant _______ Underlying illness _______

Other _______

How did you hear about ATA?

- Yes, I want to get involved. Please call me and tell me how I can help.

What special skills or interests do you have that you would be willing to share with ATA and its members?

______________________________

Signature

Date

Return to: American Transplant Association, Inc. 47 W Polk Street, Suite 100-133, Chicago, IL 60605