



MEMBERSHIP APPLICATION

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.TTS.ORG/TID

*** - MANDATORY FIELDS**

*First (Given) Name: _____ *Last (Family) Name: _____

*Institution/Affiliation: _____ *Position Held: _____

Address: _____

City: _____ Prov/State: _____

Postal Code: _____ *Country: _____

Tel: _____ Fax: _____

*Email: _____

*Sex: Male Female

*Date of Birth: _____ *City and Country of Birth: _____

Degree(s): MD PhD Other (Please Specify): _____

Percentage of Time Spent on: Clinical | % | Research | % | Other | % |

CHECK THE BOX THAT BEST DESCRIBES YOUR PRIMARY ROLE (CHECK ONE):

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Lab Technician | <input type="checkbox"/> Trainee |
| <input type="checkbox"/> Scientist | <input type="checkbox"/> Organ Procurement Personnel | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Surgeon | <input type="checkbox"/> Professional Association Personnel | <input type="checkbox"/> Transplant Coordinator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Industry / Marketing | <input type="checkbox"/> Other: _____ |

AFFILIATION TYPE (CHECK ONE):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Industry | <input type="checkbox"/> Research Foundation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Medical School/University | _____ |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Military | _____ |

AREAS OF INTEREST (CHECK ALL THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> Allied Health Areas | <input type="checkbox"/> Histocompatibility and Immunogenetics | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Allotransplantation | <input type="checkbox"/> Immunobiology | <input type="checkbox"/> Radiography / Medical imaging |
| <input type="checkbox"/> Bio-Artificial Cells and Organs | <input type="checkbox"/> Immunosuppression - Clinical | <input type="checkbox"/> Regenerative Medicine |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Immunosuppression - Experimental | <input type="checkbox"/> Surgery - Heart |
| <input type="checkbox"/> Cell Transplantation | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Surgery - Liver |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery - Lung |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Islets | <input type="checkbox"/> Surgery - Pancreas |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Kidney | <input type="checkbox"/> Surgery - Renal |
| <input type="checkbox"/> Education and Teaching | <input type="checkbox"/> Liver and Intestine | <input type="checkbox"/> Transplantation in Developing Countries |
| <input type="checkbox"/> Ethics, Economics & Quality of Life | <input type="checkbox"/> Nursing | <input type="checkbox"/> Transplantomics |
| <input type="checkbox"/> Experimental Transplantation | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Organ Procurement & Preservation | <input type="checkbox"/> Xenotransplantation |
| <input type="checkbox"/> Heart, Heart/Lung, Lung | <input type="checkbox"/> Pancreas | |
| <input type="checkbox"/> Hepatology | <input type="checkbox"/> Pathology | |

SELECT MEMBERSHIP CATEGORY*

- Full Membership \$ 85.00 US • 1 Year | \$ 150.00 US • 2 Years
 Associate Membership \$ 75.00 US • 1 Year | \$ 130.00 US • 2 Years
 Trainee Membership \$ 75.00 US • 1 Year | \$ 130.00 US • 2 Years

Payment Information

VISA MasterCard Cash Cheque

Card Number: _____ Expiration Date (MM/YYYY): _____

Cardholder Name: _____

Signature: _____