Cell Transplant and Regenerative Medicine Society

MEMBERSHIP APPLICATION

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

* - 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):

- ☐ Physician
- ☐ Scientist
- ☐ Surgeon
- ☐ Nurse
- ☐ Lab Technician
- ☐ Organ Procurement Personnel
- ☐ Professional Association Personnel
- ☐ Industry / Marketing
- ☐ Trainee
- ☐ Pharmacist
- ☐ Transplant Coordinator
- ☐ Other:

AFFILIATION TYPE (CHECK ONE):

- ☐ Industry
- ☐ Government Agency
- ☐ Private Practice
- ☐ Research Foundation
- ☐ Medical School/University
- ☐ Military
- ☐ Other:

AREAS OF INTEREST (CHECK ALL THAT APPLY):

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

SELECT MEMBERSHIP CATEGORY*

Full Membership	☐ $ 75.00 US • 1 Year	☐ $ 130.00 US • 2 Years
Trainee Membership	☐ $ 50.00 US • 1 Year	☐ $ 80.00 US • 2 Years
Allied Health	☐ $ 50.00 US • 1 Year	☐ $ 80.00 US • 2 Years
Technical	☐ $ 50.00 US • 1 Year	☐ $ 80.00 US • 2 Years

Payment Information

☐ VISA ☐ MasterCard ☐ Cash ☐ Cheque

Card Number: Expiration Date (MM/YYYY):

Cardholder Name:

Signature:

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