Cell Transplant Society

MEMBERSHIP APPLICATION

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

First (Given) Name:	Last (Family) Name:
Institution/Affiliation:	Position/Appointment:
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 | % |

Principal Area(s) of Interest: (check all that apply)

Allotransplantation ☐	Immunosuppression – Experimental ☐
Bio-Artificial Cells and Organs ☐	Infections ☐
Bone Marrow ☐	Islets ☐
Cell Transplantation ☐	Kidney ☐
Ethics, Economics & Quality of Life ☐	Liver and Intestine ☐
Experimental Transplantation ☐	Organ Procurement & Preservation ☐
Heart, Heart/Lung, Lung ☐	Pancreas ☐
Histocompatibility and Immunogenetics ☐	Transplantation in Developing Countries ☐
Immunobiology ☐	Xenotransplantation ☐
Immunosuppression – Clinical ☐	Other (please specify):

SELECT MEMBERSHIP CATEGORY

☐ $ 50.00 US • Full Membership

Payment Information

☐ VISA ☐ MasterCard ☐ Cash ☐ Cheque

Card Number: Expiration Date (MM/YYYY):

Cardholder Name:

Signature:

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