



MEMBERSHIP APPLICATION

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

* - MANDATORY FIELDS

Form fields for personal information: *First (Given) Name, *Last (Family) Name, *Institution/Affiliation, *Position Held, Address, City, Prov/State, Postal Code, *Country, Tel, Fax, *Email, *Sex, *Date of Birth, *City and Country of Birth, Degree(s), Percentage of Time Spent on: Clinical | % | Research | % |

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

Grid of checkboxes for Principal Area(s) of Interest: Allied Health Areas, Allotransplantation, Bio-Artificial Cells and Organs, Bone Marrow, Cell Transplantation, Education and Teaching, Ethics, Economics & Quality of Life, Experimental Transplantation, Heart, Heart/Lung, Lung, Histocompatibility and Immunogenetics, Immunobiology, Immunosuppression – Clinical, Immunosuppression – Experimental, Infections, Islets, Kidney, Liver and Intestine, Nursing, Nutrition, Organ Procurement & Preservation, Pancreas, Pharmaceuticals, Radiography/Medical Imaging, Social Work, Transplantation in Developing Countries, Urology, Xenotransplantation, Other (please specify)

SELECT MEMBERSHIP CATEGORY*

Membership options: \$ 75.00 US • Full Membership, \$ 50.00 US • Trainee Membership, \$ 50.00 US • Allied Health Professional

Payment Information

Payment options: VISA, MasterCard, Cash, Cheque; Card Number, Expiration Date (MM/YYYY), Cardholder Name, Signature