



**\* - 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 | % |

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

Allied Health Areas <input type="checkbox"/>	Islets <input type="checkbox"/>
Allotransplantation <input type="checkbox"/>	Kidney <input type="checkbox"/>
Bio-Artificial Cells and Organs <input type="checkbox"/>	Liver and Intestine <input type="checkbox"/>
Bone Marrow <input type="checkbox"/>	Nursing <input type="checkbox"/>
Cell Transplantation <input type="checkbox"/>	Nutrition <input type="checkbox"/>
Education and Teaching <input type="checkbox"/>	Organ Procurement & Preservation <input type="checkbox"/>
Ethics, Economics & Quality of Life <input type="checkbox"/>	Pancreas <input type="checkbox"/>
Experimental Transplantation <input type="checkbox"/>	Pharmaceutics <input type="checkbox"/>
Heart, Heart/Lung, Lung <input type="checkbox"/>	Radiography/Medical Imaging <input type="checkbox"/>
Histocompatibility and Immunogenetics <input type="checkbox"/>	Social Work <input type="checkbox"/>
Immunobiology <input type="checkbox"/>	Transplantation in Developing Countries <input type="checkbox"/>
Immunosuppression – Clinical <input type="checkbox"/>	Urology <input type="checkbox"/>
Immunosuppression – Experimental <input type="checkbox"/>	Xenotransplantation <input type="checkbox"/>
Infections <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

**You will need to select 1 sponsor who is an IXA member in good standing.**

Sponsor: \_\_\_\_\_

**SELECT MEMBERSHIP CATEGORY\***

\$ 85.00 US • Full Membership

\$ 35.00 US • Junior Membership

\$ 30.00 US • Associate Membership

**Payment Information**

VISA  MasterCard  Cash  Cheque

Card Number: \_\_\_\_\_ Expiration Date (MM/YYYY): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_