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 | % |

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

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

SELECT MEMBERSHIP CATEGORY*

- ☐ $ 85.00 US • Full Membership
- ☐ $ 75.00 US • Associate Membership
- ☐ $ 75.00 US • Trainee Membership

Payment Information

☐ VISA ☐ MasterCard ☐ Cash ☐ Cheque

Card Number: Expiration Date (MM/YYYY):

Cardholder Name:

Signature:

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