

# TAO/ROCHESTER

## CHAPTER DUES

### TAO/ROCHESTER MEMBERSHIP APPLICATION

\_\_\_ \$20-Family

DATE\_\_\_\_\_

\_\_\_ \$100-Institutional

Make checks payable to TAO/Rochester and mail to: TAO Rochester, PO Box 23552, Rochester, NY 14692-3552.

NAME\_\_\_\_\_ PHONE\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY/STATE\_\_\_\_\_ ZIP CODE\_\_\_\_\_

E-MAIL\_\_\_\_\_

\_\_ Please check here if you are unable to make dues payment at this time. No one is denied membership because of financial considerations.

\_\_ CANDIDATE \_\_ RECIPIENT \_\_ FAMILY MEMBER

\_\_ HEALTH PROFESSIONAL \_\_ FRIEND \_\_ DONOR FAMILY

Candidate/Recipient Information

Number of transplants\_\_\_\_\_ Dates\_\_\_\_\_

Organ(s)\_\_\_\_\_ Where\_\_\_\_\_

