TAO/ROCHESTER

CHAPTER DUES

TAO/ROCHESTER MEMBERSHIP APPLICATION

____ $10-Family DATE_____

____ $10-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_____