



STEP 1 • PERSONAL INFORMATION

PRINT LEGIBLY and COMPLETE BOTH SIDES OF THE APPLICATION

First (Given) Name:		Last (Family) Name:	
Institution/Affiliation:		Position Held:	
Address:			
City:	State/Province:	Country:	Postal Code:
Telephone (office):		Telephone (Mobile):	
Email:		Email CC:	
Assistant Name:		Email:	
Credentials (MD, PhD, etc):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (YYYY-MM-DD):

STEP 2 • SELECT YOUR MEMBERSHIP CATEGORY (Yearly Fees in \$US)

*See list of Emerging Economy Nations on reverse

FULL MEMBER	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$90.00 Discounted rate for Section Member
	<input type="checkbox"/> \$70.00 Discounted rate for Emerging Economy*	<input type="checkbox"/> \$45.00 Discounted rate for Section Member from an Emerging Economy*
TRAINEE MEMBER	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$45.00 Discounted rate for Section Member
	<input type="checkbox"/> \$35.00 Discounted rate for Emerging Economy*	<input type="checkbox"/> \$22.50 Discounted rate for Section Member from an Emerging Economy*
ASSOCIATE MEMBER	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$45.00 Discounted rate for Section Member
	<input type="checkbox"/> \$35.00 Discounted rate for Emerging Economy*	<input type="checkbox"/> \$22.50 Discounted rate for Section Member from an Emerging Economy*

STEP 3 • SELECT TWO FULL MEMBERS AS YOUR SPONSORS (Ask TTS staff to assist you with a list of members from your country)

Sponsor 1 (Full Name):	Sponsor 2 (Full Name):
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STEP 4 • ACCEPTANCE OF MEMBERSHIP STATEMENT (Ask TTS staff to assist you if you have a question or visit our website www.tts.org to view)

I hereby confirm that I have read the Membership Statement and I accept to practice according to the policy and ethics statement of The Transplantation Society (<http://www.tts.org>) and the positions of The Transplantation Society.

Print Name:	Signature:	Date (YYYY-MM-DD):
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STEP 5 • EMAIL YOUR CURRICULUM VITAE AND SHORT PROFESSIONAL PROFILE / BIOGRAPHICAL SKETCH

Email membership@tts.org your latest CURRICULUM VITAE (CV) and a SHORT BIOGRAPHICAL SKETCH / PROFESSIONAL PROFILE. The biographical sketch / short bio should be approximately 250 words and contain details about your involvement in the field of transplantation.

STEP 6 • IF YOU ARE APPLYING FOR TRAINEE MEMBERSHIP, PLEASE EMAIL A LETTER FROM YOUR DIRECTOR CONFIRMING YOUR STATUS

STEP 7 • PAYMENT INFORMATION

METHOD: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	
CARD NUMBER:	Expiration (YYYY-MM):
CARDHOLDER NAME:	
SIGNATURE:	

Membership Application Form (Cont.)

Demographics - Specialties

CHECK THE BOX THAT BEST DESCRIBES YOUR PRIMARY ROLE (CHECK ONE):

<input type="checkbox"/> Physician	<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Trainee
<input type="checkbox"/> Scientist	<input type="checkbox"/> Organ Procurement Personnel	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Professional Association Personnel	<input type="checkbox"/> Transplant Coordinator
<input type="checkbox"/> Nurse	<input type="checkbox"/> Industry / Marketing	<input type="checkbox"/> Other:

PRACTICE TYPE - PERCENTAGE OF YOUR TIME SPENT ON :

Research (%):	Clinical (%):	Other (%):
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AREAS OF INTEREST (CHECK ALL THAT APPLY):

<input type="checkbox"/> Allied Health Areas	<input type="checkbox"/> Histocompatibility and Immunogenetics	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Allotransplantation	<input type="checkbox"/> Immunobiology	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Bio-Artificial Cells and Organs	<input type="checkbox"/> Immunosuppression - Clinical	<input type="checkbox"/> Radiography / Medical imaging
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Immunosuppression - Experimental	<input type="checkbox"/> Regenerative Medicine
<input type="checkbox"/> Cell Transplantation	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Surgery - Heart
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Infections	<input type="checkbox"/> Surgery - Liver
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Islets	<input type="checkbox"/> Surgery - Lung
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Kidney	<input type="checkbox"/> Surgery - Pancreas
<input type="checkbox"/> Education and Teaching	<input type="checkbox"/> Liver and Intestine	<input type="checkbox"/> Surgery - Renal
<input type="checkbox"/> Ethics, Economics & Quality of Life	<input type="checkbox"/> Nursing	<input type="checkbox"/> Transplantation in Developing Countries
<input type="checkbox"/> Experimental Transplantation	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Transplantomics
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Organ Procurement & Preservation	<input type="checkbox"/> Urology
<input type="checkbox"/> Heart, Heart/Lung, Lung	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Xenotransplantation
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Pathology	<input type="checkbox"/> Other

QUALIFYING EMERGING ECONOMIES FOR REDUCED MEMBERSHIP

Afghanistan	China, People's Republic of	Grenada	Libyan Arab Jamahiriya	Palau	Swaziland
Albania	Colombia	Guatemala	Madagascar	Panama	Syrian Arab Republic
Algeria	Comoros	Guinea	Malawi	Papua New Guinea	Tajikistan
Angola	Congo	Guinea-bissau	Maldives	Paraguay	Tanzania
Argentina	Congo, Democratic Republic of	Guyana	Mali	Peru	Thailand
Armenia	Costa Rica	Haiti	Mauritania	Philippines	Timor-Leste
Azerbaijan	Cote D'Ivoire	Honduras	Mauritius	Romania	Togo
Bangladesh	Cuba	India	Mayotte	Rwanda	Tonga
Belize	Djibouti	Indonesia	Mexico	Saint Kitts and Nevis	Trinidad and Tobago
Benin	Dominica	Iran, Islamic Republic of	Micronesia	Saint Lucia	Tunisia
Bhutan	Dominican Republic	Iraq	Moldova	Saint Vincent & Grenadines	Turkmenistan
Bolivia	East Timor	Jamaica	Mongolia	Samoa	Uganda
Botswana	Ecuador	Jordan	Montenegro	Sao Tome and Principe	Uruguay
Brazil	Egypt	Kazakhstan	Morocco	Senegal	Uzbekistan
Bulgaria	El Salvador	Kenya	Mozambique	Serbia	Vanuatu
Burkina Faso	Equatorial Guinea	Kiribati	Myanmar	Sierra Leone	Venezuela
Burundi	Eritrea	Kosovo	Namibia	Solomon Islands	Viet Nam
Cambodia	Ethiopia	Kyrgyzstan	Nepal	Somalia	Yemen
Cameroon	Fiji	Laos	Nicaragua	Sri Lanka	Yugoslavia
Cape Verde	Gabon	Lesotho	Niger	Sudan	Zambia
Central African Republic	Gambia	Liberia	Nigeria	Sudan, South	Zimbabwe
Chad	Ghana	Libya	Pakistan	Suriname	

CONTACT INFORMATION

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E-Mail: membership@tts.org | Web: www.tts.org

RETURN YOUR COMPLETED APPLICATION FORM TO THE MEMBERSHIP BOOTH