

## TRIO Pittsburgh Chapter 2011 Membership Form

Transplant Recipients International Organization (TRIO) Pittsburgh Membership is renewable as of January 1 of each year. Please support TRIO Pittsburgh and its important work on behalf of transplant recipients, donors, candidates, and their families by renewing or joining us in this endeavor.

Name of Member \_\_\_\_\_

Name(s) of Family Members \_\_\_\_\_

Address (circle: Home or Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (Hm) Phone \_\_\_\_\_ Work (Wk) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Member is: Recipient \_\_\_\_\_, Living Donor \_\_\_\_\_, Candidate \_\_\_\_\_, Family Member \_\_\_\_\_,  
Health Care Professional \_\_\_\_\_, Other: \_\_\_\_\_

Recipient Profile - Type of Transplant(s) and Date(s)  
\_\_\_\_\_

Living Donor Profile – Type of Donation and Date  
\_\_\_\_\_

Annual TRIO Pittsburgh Chapter Individual Dues.....\$15.00 \_\_\_\_\_

Annual TRIO Pittsburgh Chapter Family Dues.....\$20.00 \_\_\_\_\_

Combined TRIO Pittsburgh Chapter and National Individual Dues.....\$25.00 \_\_\_\_\_

Combined TRIO Pittsburgh Chapter and National Family Dues.....\$30.00 \_\_\_\_\_

To renew your membership or to join TRIO Pittsburgh, fill in the form above, make your check payable to **TRIO Pittsburgh**, and return to:

Rudy Molnar TRIO Pittsburgh Treasurer 2 Revere Road Natrona Heights, PA 15065

We would like to list your transplant anniversary date(s) in our newsletter and include photographs for special projects. If we have your permission, please circle your answer(s).

List your transplant anniversary in the newsletter.....Yes/No

Use your photograph for special projects.....Yes/No

We are providing a TRIO Pittsburgh Chapter Directory to all our TRIO members.

Along with your name, please circle the following information that you want us to provide:

Address (Hm or Wk)    Email Address    Hm Phone #    Wk Phone Number #    Cell Phone #

Recipient ( R )    Organ Received & Date    Candidate ( C )    Donor Family (DF)    Living Donor ( LD )

Family Members    Health Care Professional (HCP)    Name Only    Do Not Want to be Listed

Thank you for your support of TRIO Pittsburgh. We look forward to seeing you at our monthly meetings and special activities.