



# TSO Transplant Support Organization

Participant Application:  New  Renewal

Please fill out this form and mail it with your tax-deductible contribution to:  
TSO, 1154 Webster Ave., New Rochelle, NY 10804

NAME(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### PERSONAL INFORMATION (optional)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

### CANDIDATE / RECIPIENT INFORMATION — Please check appropriate description

Transplant Recipient \_\_\_\_\_ Transplant Candidate \_\_\_\_\_ Family Member \_\_\_\_\_

Donor Family Member \_\_\_\_\_ Interested Individual \_\_\_\_\_ Professional \_\_\_\_\_

Have you already had a transplant? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Transplant(s) \_\_\_\_\_

Date of Transplant \_\_\_\_\_ Time waited (or waiting) \_\_\_\_\_

Where did you (will you) have your transplant? \_\_\_\_\_

### PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS

**Regular** (Transplant recipient, transplant candidate, family member, donor family)

- Individual Participant \$25.00
- Family Participant (2 members, same address) \$35.00
- Additional participants at same address \$10.00 each
- Professional (Surgeon, Physician, Clinical Coordinator, Nurse, Social Worker, etc.) \$25.00
- Additional optional voluntary contribution (at your discretion) \$ \_\_\_\_\_

I would like to take an active role within TSO (please check all areas of interest):

- Speaker \_\_\_\_\_
- Membership Drive \_\_\_\_\_
- Fund Raiser \_\_\_\_\_
- Clerical \_\_\_\_\_
- Contributor \_\_\_\_\_
- Patient & Family Support \_\_\_\_\_
- Newsletter \_\_\_\_\_
- Date Processing \_\_\_\_\_
- Other \_\_\_\_\_