



2023 ANNUAL MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Cell Phone _____

Email address for organization communications only _____

____ I would prefer to receive the newsletter electronically.

____ \$15 Individual membership ____ \$25 Family membership _____ donation

All contributions are tax deductible

Please make checks payable and mail to: **OTAP,**
PO Box 37217
Albuquerque, NM 87176

____ **Candidate:** Organ/Tissue Type: _____ Date Listed ____/____/____

____ **Recipient:** Organ/Tissue Type: _____ Date Received ____/____/____

2nd transplant date –month day year: ____/____/____

____ **Donor/member of a Donor Family:** Name _____ Organ/Tissue Type _____

Recipient _____ Transplant date –month/day/year: ____/____/____

____ **Friend of OTAP**

Opportunities - Please check all that apply:

I would like to volunteer: promotional events _____ fundraising events _____

Personal information such as phone number _____ and address _____ may be shared with others.

I would like to be a reader for the scholarship award _____

Suggestions _____ **H**

Thank You for your support!