



## 2018 OTAP 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 \_\_\_\_\_ \$20 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2<sup>nd</sup> 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 will help with the 2017 Annual walk \_\_\_\_\_ promotional events \_\_\_\_\_ fundraising events \_\_\_\_\_

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

I am interested in working with the scholarship team \_\_\_\_\_ newsletter team \_\_\_\_\_ support group \_\_\_\_\_

I only want to receive the monthly newsletter. \_\_\_\_\_

Suggestions \_\_\_\_\_

\_\_\_\_\_ **Newsletter Sponsor (\$100 Annual Donation)** please send business card for ad in newsletter

**Thank You for your support!**