



2020 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 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!