



Association for Multicultural Affairs
in Transplantation

Toll free: 1-844-654-AMAT (2628) Fax: 804-723-0416
Email: info@amat1.org website: www.amat1.org

Membership Application Form

New Renewal Friend

Date: _____

Active Individual (\$150)
(*only \$135 with Organizational Membership)

Friend (\$75)

Name: _____ T-Shirt Size _____

Organization Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Individual Members Recieve:

- Professional Growth
- Access to Resources
- Educational Enhancement
- Networking
- Knowledge of Current Industry Standards

EMPLOYER:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Community Hospital | <input type="checkbox"/> University Medical Center | <input type="checkbox"/> Private Foundation | <input type="checkbox"/> Blood Bank |
| <input type="checkbox"/> Physician's Office | <input type="checkbox"/> Military/VA Hospital | <input type="checkbox"/> Tissue Bank | <input type="checkbox"/> Eye Bank |
| <input type="checkbox"/> Hospital Based OPO | <input type="checkbox"/> Independant OPO | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Other: _____ |

Make check or money order payable to AMAT and or pay online, send with membership form to: **AMAT Membership, 10825 Midlothian Turnpike, Suite 201R Richmond, VA 23235**

For any further inquiries, please contact Membership Committee Chair Lisa Upsher via tel: (412) 963-3550 or email: lupsher@core.org.

For Office Use:

Date: _____
Check Number: _____
Personal/Employer Check
Other _____

Annual membership expires on December 31st of each calendar year - remember to renew!