



Association for Multicultural Affairs
in Transplantation

Membership Application Form

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

Toll free: 1-844-654-AMAT (2628) Fax: 804-723-0416

Email: info@amat1.org website: www.amat1.org

Organizational Membership

Date: _____ Organizational Member (\$1500) *Email logo to: info@amat1.org
(*unlimited individual memberships at a discount rate of \$135 per person)

Name: _____

Organization Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ Number of Staff: _____

ORGANIZATIONAL MEMBERS RECEIVE:

- Unlimited individual memberships for staff at 10% discounted rate (only \$135 per person)
- Recognition on the AMAT website as an Organizational Member
- 15% discount to the Annual AMAT conference for each Individual Member who has joined as part of your Organizational Membership
- The satisfaction of supporting multicultural leadership in the transplant community and making a difference nationally with regards to diversity matters facing the transplant industry

ORGANIZATION:

- | | | | |
|---|--|---|---------------------------------------|
| <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: _____ |

Contact information for those who may be interested in joining AMAT (we'll provide additional information)

Remit a check or money order payable to AMAT or pay online, and send with
this membership form. Submit payment/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 _____