



**Transplant Recipients International Organization, Inc.  
TRIO Central Texas Chapter**

**Membership -- NEW and Renewal:** TRIO membership is renewable as of January 1 each year, unless otherwise indicated. Please support your local TRIO Chapter and TRIO National and their important work on behalf of transplant recipients, donors, candidates and their families by becoming a member of TRIO. **To join TRIO**, fill in the form below and return it to your Chapter. *Thank you for your support of TRIO.*

**Name of Member:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ + \_ \_ \_ \_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I am interested in helping my TRIO Chapter in the following areas (check all that apply):**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> <b>Newsletter</b>     | <input type="checkbox"/> <b>Website</b>                   | <input type="checkbox"/> <b>Fundraising</b>      | <input type="checkbox"/> <b>Public Speaking</b> |
| <input type="checkbox"/> <b>Membership</b>     | <input type="checkbox"/> <b>Special Events</b>            | <input type="checkbox"/> <b>Public Relations</b> | <input type="checkbox"/> <b>Public Policy</b>   |
| <input type="checkbox"/> <b>Special Topics</b> | <input type="checkbox"/> <b>Donor/Community Awareness</b> |  |   |

- |                   |  |   |
|-------------------|--|---|
| <b>Member is:</b> | <input type="checkbox"/> <b>Candidate</b>                | <input type="checkbox"/> <b>Candidate Family Member</b> |
|                   | <input type="checkbox"/> <b>Recipient</b>                | <input type="checkbox"/> <b>Recipient Family Member</b> |
|                   | <input type="checkbox"/> <b>Living Donor</b>             | <input type="checkbox"/> <b>Donor Family Member</b>     |
|                   | <input type="checkbox"/> <b>Health Care Professional</b> | <input type="checkbox"/> <b>Friend</b>                  |
|                   | <input type="checkbox"/> <b>Other:</b> _____             |   |

**Annual Dues: TRIO National . . . . . \$ 10**

**Chapter Dues: . . . . . \$ 10**

**TOTAL enclosed (check #: \_\_\_\_\_) \$ 20**

Every Chapter member supports the work of TRIO National and assists TRIO in supporting the benefits TRIO provides to our local chapter and its members, i.e., national Newsletter, website, video and teleconferencing, Director & Officer insurance protection, 501 (c)(3) status granting, the United Airlines Program, etc. (Please see "What TRIO Can Do For YOU" and "For Its Chapters").

**Thank you for supporting TRIO, locally and nationally!**

Please mail your check and this completed form to:  
TRIO Central Texas Chapter  
2114 S. 15th St.  
Temple, TX 76513

***I understand that TRIO National or my Chapter at the local level does not engage in organ procurement or funding for any individual candidate, recipient, or family.***

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_