“Advancing organ donation is a common global mission and I believe we all have opportunities to learn and grow by sharing best practices internationally. Membership in the ISODP creates that chance to develop an understanding of global challenges in increasing donation, and to meet colleagues and strengthen international cooperation and promotion.”

Susan Gunderson, ISODP President

MISSION
The mission of the International Society for Organ Donation and Procurement (ISODP) is to foster, promote and develop all aspects of organ and tissue donation and procurement. The ultimate aim is to increase the supply of high quality organs and tissue to match the need.

MEMBERSHIP BENEFITS
• Educational webinar recordings
• Access to multimedia content from past congresses and webinars
• Eligibility to apply for ISODP scholarships and travel grants
• Access to the member directory
• Reduced congress registration fees ($200 savings)
• Reduced subscription rates for *Transplantation Proceedings*, *Transplantation Reviews*, and more
• Voting and nomination rights for ISODP Council elections
• Receive a $50 discount off TTS dues when you pay your ISODP and TTS dues at the same time
• TTS’s Newsletter *Tribune* updating members on ISODP and TTS activities

APPLY TODAY!
• Go online to www.isodp.org
• Complete the application form
• Once approved, you will be sent your ISODP member login

For more information on membership please email: membership@tts.org

FULL MEMBERSHIP

$60 1 YEAR*

* 50% discount applies to applicants from emerging economies

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>1 Year Cost</th>
<th>2 Years Cost</th>
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<tr>
<td>Full Membership</td>
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<tr>
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TTS’s Tribune updating members on ISODP and TTS activities
MEMBERSHIP APPLICATION

* - MANDATORY FIELDS

*First (Given) Name: ____________________________

*Last (Family) Name: ____________________________

*Institution/Affiliation: ____________________________

*Position Held: ____________________________

Address:

City: ____________________________  Province/State: ____________________________

Postal Code: ____________________________  Country: ____________________________

Tel: ____________________________  Fax: ____________________________

*Email: ____________________________

*Sex: □ Male  □ Female

*Date of Birth: __________/________/________

City and Country of Birth: ____________________________

Degree(s): □ MD  □ PhD  □ Other (Please Specify): ____________________________

Percentage of Time Spent on: Clinical | % | Research | % | Other | % |

CHECK THE BOX THAT BEST DESCRIBES YOUR PRIMARY ROLE (CHECK ONE):

□ Physician  □ Nurse  □ Professional Association Personnel

□ Scientist  □ Lab Technician  □ Industry / Marketing

□ Surgeon  □ Organ Procurement Personnel  □ Trainee

□ Pharmacist  □ Transplant Coordinator  □ Other:

AFFILIATION TYPE (CHECK ONE):

□ Industry

□ Government Agency

□ Private Practice

□ Medical School/University

□ Research Foundation

□ Military

□ Other:

AREAS OF INTEREST (CHECK ALL THAT APPLY):

□ Allied Health Areas

□ Allotransplantation

□ Bone Marrow

□ Islets

□ Cell Transplantation

□ Heart, Heart/Lung, Lung

□ Kidney

□ Critical Care

□ Hepatology

□ Liver and Intestine

□ Diabetes

□ Histocompatibility & Immunogenetics

□ Nutrition

□ Endocrinology

□ Immunobiology

□ Organ Procurement & Preservation

□ Immunosuppression - Clinical

□ Pancreas

□ Internal Medicine

□ Immunosuppression - Experimental

□ Pathology

□ Infections

□ Internal Medicine

□ Pharmacaceutics

□ Experimental Transplantation

□ Kidney

□ Pathology

□ Gastroenterology

□ Liver and Intestine

□ Radiography / Medical imaging

□ Heart, Heart/Lung, Lung

□ Nutrition

□ Transplantomics

□ Hepatology

□ Other:

□ Islets

□ Islets

□ Islets

□ Islets

□ Islets

□ Islets

SELECT MEMBERSHIP CATEGORY*

Full Membership  □ $ 60.00 US • 1 Year  □ $ 100.00 US • 2 Years

Trainee Membership  □ $ 45.00 US • 1 Year  □ $ 75.00 US • 2 Years

Emerging Economy  □ $ 30.00 US • 1 Year  □ $ 50.00 US • 2 Years

Trainee Emerg. Econ.  □ $ 22.50 US • 1 Year  □ $ 40.00 US • 2 Years

Payment Information

□ VISA  □ MasterCard  □ Cash  □ Cheque

Card Number: ____________________________  Expiration Date (MM/YYYY): ____________________________

Cardholder Name: ____________________________

Signature: ____________________________

In order to ensure that you don’t miss out on important membership benefits, we will be offering automatic membership renewal starting in 2020.

□ DISCOUNTED 2-YEAR RATE - Please renew my membership automatically every 2 years | $100 (discounted rate)

□ REGULAR RATE - Please renew my membership automatically every year | $60

□ Please NO NOT renew my membership automatically and charge me only for this year | $60