



TID is a Section of

The Transplantation Society

JOIN THE **TRANSPLANT INFECTIOUS DISEASE** SECTION!

"Throughout the years, I've watched TID grow and come "of age". I'm proud of what it has accomplished and feel in debt to TID and its leaders. For those of us coming from "the other end of the world", the TID section has been very generous in listening to our voices and in appreciating our input. The sense of belonging has been one of my most gratifying experiences. Getting together for different academic activities has allowed me to network, and now my infectious disease colleagues have become my friends."

Dr. Roberta Lattes, TID Consultant
Infectious Diseases, School of Medicine
University of Buenos Aires, Buenos Aires, Argentina

TID MISSION:

To promote research and education in the prevention, diagnosis, clinical consequences, and management of infectious diseases in transplant recipients.

BENEFITS OF MEMBERSHIP

- A free online subscription to the journal *Transplant Infectious Disease* (Full Members only)
- Ongoing infectious disease webinars
- Access to past TID meeting recordings
- Access to the TID membership directory
- Reduced registration fees at international congresses, a savings of \$75
- Nomination and voting privileges (Full Members only)
- Members receive a \$50 reduction off their TTS dues when paying both at the same time

HOW TO BECOME A MEMBER OF TID

- Visit TID online at: www.tts.org/tid.
- Complete and submit the online application form for review.
- Once your application has been approved, you will receive a TID member login.

For more information about TID membership, please email:
membership@tts.org

TID MEMBERSHIP CATEGORIES

Full Members

\$ 85 / 1 year
\$150 / 2 years

Clinicians, Allied Health Professionals and research investigators with an interest in infectious diseases and transplantation, and who are contributing to the advancement of knowledge in the field.

Trainee Members

\$ 75 / 1 year
\$130 / 2 years

Individuals enrolled in pre- or post-doctoral training programs relevant to the science and clinical practice of transplant infectious disease, and individuals who have completed their training but have not yet qualified for full membership.

Associate Members

\$ 75 / 1 year
\$130 / 2 years

Individuals who have demonstrated a sustained and continued interest in the field of infectious disease but who do not qualify for full or trainee membership.



MEMBERSHIP APPLICATION

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.TTS.ORG/TID

*** - MANDATORY FIELDS**

*First (Given) Name: _____ *Last (Family) Name: _____

*Institution/Affiliation: _____ *Position Held: _____

Address: _____

City: _____ Prov/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):

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Professional Association Personnel	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Scientist	<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Industry / Marketing	<input type="checkbox"/> Transplant Coordinator
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Organ Procurement Personnel	<input type="checkbox"/> Trainee	<input type="checkbox"/> Other:

AFFILIATION TYPE (CHECK ONE):

<input type="checkbox"/> Industry	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Medical School/University	<input type="checkbox"/> Other:
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Research Foundation	<input type="checkbox"/> Military	

AREAS OF INTEREST (CHECK ALL THAT APPLY):

<input type="checkbox"/> Allied Health Areas	<input type="checkbox"/> Experimental Transplantation	<input type="checkbox"/> Islets	<input type="checkbox"/> Regenerative Medicine
<input type="checkbox"/> Allotransplantation	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Kidney	<input type="checkbox"/> Surgery - Heart
<input type="checkbox"/> Bio-Artificial Cells and Organs	<input type="checkbox"/> Heart, Heart/Lung, Lung	<input type="checkbox"/> Liver and Intestine	<input type="checkbox"/> Surgery - Liver
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Hepatology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgery - Lung
<input type="checkbox"/> Cell Transplantation	<input type="checkbox"/> Histocompatibility & Immunogenetics	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Surgery - Pancreas
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Immunobiology	<input type="checkbox"/> Organ Procurement & Preservation	<input type="checkbox"/> Surgery - Renal
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression - Clinical	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Tx in Developing Countries
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Immunosuppression - Experimental	<input type="checkbox"/> Pathology	<input type="checkbox"/> Transplantomics
<input type="checkbox"/> Education and Teaching	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Urology
<input type="checkbox"/> Ethics, Economics & Quality of Life	<input type="checkbox"/> Infections	<input type="checkbox"/> Radiography / Medical imaging	<input type="checkbox"/> Xenotransplantation

SELECT MEMBERSHIP CATEGORY*

Full Membership \$ 85.00 US • 1 Year | \$ 150.00 US • 2 Years

Associate Membership \$ 75.00 US • 1 Year | \$ 130.00 US • 2 Years

Trainee Membership \$ 75.00 US • 1 Year | \$ 130.00 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 | \$150 (discounted rate)
- REGULAR RATE - Please renew my membership automatically every year | \$85
- Please NO NOT renew my membership automatically and charge me only for this year | \$85