



# American Society of Multicultural Health and Transplant Professionals (ASMHTP)

## Organizational Membership

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

Organizational Member\* (\$1500)

(\*unlimited Individual Memberships at a discount rate of only \$112 per person)

### ORGANIZATIONAL INFORMATION

Organization Name: _____
Contact Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Web Site: _____ Number on Staff: _____

### ORGANIZATIONAL MEMBERS RECEIVE:

- Unlimited Individual Memberships for staff at a 10% discounted rate (only \$112 per person!)
- Recognition on the ASMHTP Web site as an Organizational Member
- 10% discount to the Annual ASMHTP 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"/> Independent OPO           | <input type="checkbox"/> Pharmaceutical     | <input type="checkbox"/> Other: _____ |

Contact Information of those who may be interested in joining ASMHTP (we'll send out the information):

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Make check or money order payable to ASMHTP and send with membership form to:  
ASMHTP Membership, UNOS 700 N. 4<sup>th</sup> Street, Richmond, VA 23219 • Toll free: 866-ASMHTP-1 Fax: 804-782-4816  
email: [asmhpt@asmhpt.org](mailto:asmhpt@asmhpt.org) Web site: [www.asmhpt.org](http://www.asmhpt.org)

(Annual membership expires on December 31<sup>st</sup> of each calendar year—remember to renew!)

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ For Office Use:  
 Personal Check  Employer Check  Other \_\_\_\_\_