

**HOPE TRANSPLANT SUPPORT ORGANIZATION, INC.
2012 MEMBERSHIP FORM**

HOPE Use:
Process Date _____

Name(s) _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ E-mail _____

Circle one(s) that apply: Candidate Recipient Family Member Interested Individual
HOPE Membership (circle one): New Renew Candidate/Recipient's Name _____

Candidate/Recipient Information:
Type of Transplant(s) _____

Date(s) Transplanted _____ Where _____

Volunteer Opportunities:

How would you like to help?

Celebration of Life Speaker/Storyteller Recipient Quilt Committee
 Spring Fling Volunteer Serve as **HOPE** Officer Other

Remarks _____

Membership

Active.....\$15.00 per person/family Sponsor..... \$ _____
 Memorial Donation..... \$ _____ In memory of _____
 HOPE Donation.....\$ _____
\$ _____ Total Amount Enclosed Payable to: **HOPE** Transplant Support Org.

Permission to use photos taken at **HOPE** meetings and events on the web site or printed material Yes No
Permission to receive **HOPE** mail via your email address Yes No

I understand that **HOPE** does not engage in organ procurement or fund raising for any individual candidate, recipient, or family.

Signature _____ Date _____

Please return completed form and payment to:
HOPE Transplant Support Organization, Inc., PO Box 12086, Oklahoma City, OK 73157-2086

HOPE does not release the names, address, or phone numbers of the members of its organization to anyone without their express written permission.

HOPE is an independent not-for-profit organization whose mission is to inspire hope in the transplant candidate, recipient and donor families through the promotion of donation awareness, the presentation of educational opportunities, and the provision of comfort, support and encouragement throughout the transplant process.