



IPTA NEW MEMBER APPLICATION

Name: _____ Degree: _____

Institution: _____

Institution Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone (include country code): _____

Fax: _____ E-Mail: _____

Member Classification and Dues:

Regular Member – 1 year - \$195.00 \$ _____

Regular Member – 2 years - \$350.00 \$ _____

Regular Member – Emerging Economy
(see attached for list of qualifying countries) – 1 year - \$50.00 \$ _____

Regular Member – Emerging Economy – 2 years – \$90.00 \$ _____

Allied Professional Member (nurses, coordinators, etc.) – 1 year - \$100.00 \$ _____

Allied Professional Member – 2 years - \$180.00 \$ _____

Allied Professional Member – Emerging Economy
(see attached for list of qualifying countries) – 1 year – \$50.00 \$ _____

Allied Professional Member – Emerging Economy – 2 years - \$90.00 \$ _____

Emeritus Member – must turn 70 years of age in the year prior to the membership year **AND**
submit a written letter (e-mail accepted) requesting the status – FREE _____

NOTE: This membership does not include a print subscription to the journal

Emeritus member journal subscription - \$100.00 \$ _____

**Trainee (residents, fellows) - 1 year - \$100.00 \$ _____

**Trainee – 2 years - \$180.00 \$ _____

**Trainee – Emerging Economy (see attached) – 1 year - \$50.00 \$ _____

**Trainee – Emerging Economy– 2 years - \$90.00 \$ _____

**** All trainees joining the association must include their training program director's name and signature.**

**Training Program Director (Print): _____

**Training Program Director's Signature: _____

When joining IPTA after July 1, 2008, one-year applicants will have their membership in good standing through December 2009 and two-year applicants will expire December 2010. Membership dues include a subscription to our journal, *Pediatric Transplantation* (**print subscription begins January 2009**), participation in a pediatric transplant discussion listserver, significantly reduced registration fees to the IPTA congress, access to the member's only section of our website, and much more.

Continued

Name: _____

Please provide your demographic information.

Date of Birth: _____

Gender: Male

Female

Primary Specialty/Research Interest

- | | | |
|--|--|--|
| <input type="checkbox"/> A. Bone Marrow | <input type="checkbox"/> H. Immunology | <input type="checkbox"/> O. Surgery |
| <input type="checkbox"/> B. Cardiology | <input type="checkbox"/> I. Infectious Disease | <input type="checkbox"/> 1. Heart |
| <input type="checkbox"/> C. Cardiopulmonology | <input type="checkbox"/> J. Internal Medicine | <input type="checkbox"/> 2. Liver |
| <input type="checkbox"/> D. Critical Care | <input type="checkbox"/> K. Nephrology | <input type="checkbox"/> 3. Lung |
| <input type="checkbox"/> E. Endocrinology/Diabetes | <input type="checkbox"/> L. Pancreas & Pancreas Research | <input type="checkbox"/> 4. Pancreas |
| <input type="checkbox"/> F. Gastroenterology | <input type="checkbox"/> M. Pathology | <input type="checkbox"/> 5. Renal |
| <input type="checkbox"/> G. Hepatology | <input type="checkbox"/> N. Pulmonology | <input type="checkbox"/> P. Other: _____ |

Affiliation: (Check One)

- | | |
|---|---|
| <input type="checkbox"/> A. Industry | <input type="checkbox"/> E. Medical School/University |
| <input type="checkbox"/> B. Government Agency | <input type="checkbox"/> F. Military |
| <input type="checkbox"/> C. Private Practice | <input type="checkbox"/> G. Other: _____ |
| <input type="checkbox"/> D. Research Foundation | |

Practice Type: A. Research

B. Clinical

Check the box that best describes you:

- | | |
|---|--|
| <input type="checkbox"/> A. Physician | <input type="checkbox"/> G. Professional Association Personnel |
| <input type="checkbox"/> B. Scientist | <input type="checkbox"/> H. Industry / Marketing |
| <input type="checkbox"/> C. Surgeon | <input type="checkbox"/> I. Trainee |
| <input type="checkbox"/> D. Nurse | <input type="checkbox"/> J. Pharmacist |
| <input type="checkbox"/> E. Lab Technician | <input type="checkbox"/> K. Transplant Coordinator |
| <input type="checkbox"/> F. Organ Procurement Personnel | <input type="checkbox"/> L. Other: _____ |

Please tell us how you heard about the International Pediatric Transplant Association.

Payment by Credit Card: VISA MasterCard AMEX

Card Member Name: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Please mail the completed application and dues payment to:

IPTA

15000 Commerce Parkway, Suite C

Mount Laurel, NJ 08054

Phone: 856-439-0500 x 4228

Fax: 856-439-0525

E-Mail: ipta@ahint.com

Web Site: www.IPTAonline.org

QUALIFYING EMERGING ECONOMIES FOR REDUCED MEMBERSHIP IN THE INTERNATIONAL PEDIATRIC TRANSPLANT ASSOCIATION

IPTA is pleased to announce a program to allow transplant professionals from emerging economies the opportunity to join the association at a reduced rate.

Below is a list of countries defined as low income and/or an IDA lending status by the World Bank as of July 2008.

To take advantage of emerging economy rates, your mailing address must include one of the countries listed.

Afghanistan	Guinea-Bissau	Nigeria
Angola	Guyana	Pakistan
Bangladesh	Haiti	Papua New Guinea
Benin	Honduras	Rwanda
Bhutan	India	Samoa
Burkina Faso	Kenya	São Tomé and Príncipe
Burundi	Kiribati	Senegal
Cambodia	Korea, Dem. Rep.	Sierra Leone
Cameroon	Kyrgyz Republic	Solomon Islands
Cape Verde	Lao PDR	Somalia
Central African Republic	Lesotho	Sri Lanka
Chad	Liberia	Sudan
Comoros	Madagascar	Tajikistan
Congo, Dem. Rep.	Malawi	Tanzania
Congo, Rep.	Maldives	Timor-Leste
Côte d'Ivoire	Mali	Togo
Djibouti	Mauritania	Tonga
Eritrea	Moldova	Uganda
Ethiopia	Mongolia	Uzbekistan
Gambia, The	Mozambique	Vanuatu
Georgia	Myanmar	Vietnam
Ghana	Nepal	Yemen, Rep.
Guinea	Nicaragua	Zambia
	Niger	Zimbabwe