

TRIO of Northeast Florida Membership Application

(Please print, complete, and mail to the address below.)

I am interested in joining TRIO of Northeast Florida (Membership is free.)

Benefits of membership include:

- ✓ **Local and national newsletters**
- ✓ **Personal and information support network**
- ✓ **Social events**
- ✓ **Donor awareness events**
- ✓ **Library of books, videos, and brochures**
- ✓ **Eligible for TRIO educational scholarship**
- ✓ **Rick Pracher Medication Fund (for eligible members)**



Name _____

Address _____

City _____ State _____

ZIP _____

Email _____

I am a:

- Transplant Recipient
- Transplant Candidate
- Family Member
- Living Donor/Donor Family Member
- Medical Professional
- Other _____

Home Phone _____

Work Phone _____

Birthday _____

Recipient Information:

Transplanted Organ(s) _____

Date(s) _____

Transplant Center _____

How did you hear about TRIO? _____

How would you like to help TRIO?

- Donor awareness events
- Fundraising
- Board member
- Social events
- Other _____

Contributions that assist TRIO are always welcome.

Contribution: \$ _____

Please mail checks payable to: TRIO of Northeast Florida

P.O. Box 60682

Jacksonville, FL 32236-0682

TRIO of Northeast Florida is a not-for-profit organization and all contributions are tax-deductible.