



## TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION

Greater Cleveland Chapter • PO Box 22333 • Cleveland, OH 44122  
• [www.triocleveland.org](http://www.triocleveland.org) • e-mail: [TRIOcleveland@triocleveland.org](mailto:TRIOcleveland@triocleveland.org)

The **2025 TRIO-Greater Cleveland** membership dues are currently being collected. Dues remain **\$100.00 per organization (per 5 members)**. By joining, you are helping us continue our mission to improve the quality of lives touched by transplantation both locally and internationally.

*A portion of the dues are provided to TRIO National, enabling access to additional resources and confirming your national memberships.* Please complete the tear-off portion of this page by March 31, 2025, to become a member. TRIO Greater Cleveland is an IRS 501(c) (3) non-profit corporation, and your annual dues may qualify as a deduction for income tax purposes.

### Who Should JOIN?

- **Any** organ, eye, or tissue donor/donor family, candidate, recipient, and/or support person
- **Any** healthcare professional involved in the field of organ recovery or transplantation
  - **Any person supportive of the mission of organ, tissue, and eye donation and transplantation**

### Why Join?

- You have a voice in the transplant community
- Affect positive change locally and federally
- Be a part of educating the community about the success of transplantation
- Help educate the community about the need for more registered organ donors
- Connect with professionals and other organizations involved in the transplant process
- Your logo will be included on [TRIOcleveland.org](http://TRIOcleveland.org)

**Detach and mail to TRIO Greater Cleveland, PO Box 22333, Cleveland, OH 44122**

(Payments may be made by check, payable to **TRIO-Greater Cleveland Chapter, or Credit Card**)

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Credit Card No:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Print Name on Card:** \_\_\_\_\_

**Organizational Membership**      \$    100.00

**Additional Donation to TRIO**      \$ \_\_\_\_\_

**Total Charge:**      \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list individual names, titles, and email addresses. (For additional members, please use second membership form)

Name	Title	Email
1.		
2.		
3.		
4.		
5.		