

2019

Organ Recipients Association
of Arkansas, Inc.

Please complete this form if you are interested in joining ORA/AR and receiving our newsletter. Send completed form and fees to:

ORA/AR
P.O. Box 250607
Little Rock, AR 72225-0607

New Member Renewal Info Change

Name:

Address:

City:

State:

Zip:

Support Person(s):

Home Telephone Number:

Work Telephone Number:

Cell Telephone Number:

Fax Telephone Number:

Email Address:

Date of Birth:

Local Chapter:

Which organ transplanted or to be transplanted?:

Transplant Center:

Current Status: Recipient Waiting List Support Person
 Health Professional Other _____

Date of Transplantation:

Date Listed:

HOSPITAL RELEASE: I AGREE to allow any hospital I am confined in to release my name to Organ Recipients Association of Arkansas, Inc. so they may contact me.

ORA/AR publishes a directory of recipients and candidates who have given their permission to be included. This directory is available at no charge to members with an email address and \$2.90 for postage if you do not have an email address. It is intended to be used for information and support purposes only.

I AGREE to allow my name, address and phone number to be given to other transplant recipients to form an informal network.

Membership Fee: (select one)

- Waive Fees - Financial Hardship
- Individual/Friend of ORA/AR - \$10.00
- Patient - \$10.00
- Family - \$20.00
- Corporate - \$100.00
- Other - \$50.00

\$

Donation to Transplant Patient Assistance Fund

\$

Memorial For _____

\$

Total

\$

Signature

Date