

**NATCO PROVIDES:**

**EDUCATION ...** geared specifically to heighten transplant and procurement professionals' ability to provide the best patient, donor and family care in a changing medical environment. Offerings are available for every specialty area, from beginning to advanced practice, from practitioner to administrator, including national conferences, workshops and online education.

**NETWORKING ...** with transplant and procurement practitioners to enhance your professional development and apply what you learn through online forums, face-to-face meetings and workshops and volunteer participation on NATCO workgroups. Can't find what you're looking for? NATCO's website hosts a membership directory where you can search for colleagues by area of practice, institution name, and a variety of other factors.

**SCIENTIFIC INFORMATION ...** delivered to you through NATCO's publications and website. The indexed scientific journal, *Progress in Transplantation*, keeps members current on practice-related issues which boost their own performance. Articles featuring scientific breakthroughs, controversial therapies, and ethical issues are some of the topics featured in each issue. The *In Touch* newsletter provides brief, informative articles on NATCO's initiatives underway on our members' behalf and reports events that affect your practice. A portion of your membership dues (\$35) goes toward your subscription for *Progress in Transplantation*.

**RESEARCH ...** provides the opportunity to study questions and present results encountered in everyday practice. Learn from colleagues through abstracts, case studies and research grant presentations, which NATCO and our corporate colleagues support.

**MENTORSHIP ...** of less experienced colleagues enhances professional development. Many members have general questions about professional practice and research. NATCO can help you find a transplant professional that has experience in your specialty area who will act as a resource and sounding board in your professional development.

**WASHINGTON REPRESENTATION ...** NATCO proactively engages in legislative advocacy to promote ways the nation can improve patient, donor and family care, while reducing the frustrations and challenges our members face in daily practice. Transplant professionals influence legislation and positively impact their practice when they participate in NATCO's grass roots efforts. Stay informed through the website and broadcast emails when NATCO weighs in on proposed legislation, presents expert testimony before congressional committees, or suggests new legislation when meeting with congressional staffers.



- PRACTITIONER \$165
- COLLEAGUE \$165
- EMERITUS – Contact NATCO for details
- PATRON – \$10,000-\$24,999
- BENEFACTOR – \$25,000-\$49,999
- ELITE – \$50,000 - \$99,999
- DIAMOND ELITE – \$100,000 and above
- Check or Money Order (U.S. dollars only)
- Credit Card
  - VISA
  - MasterCard
  - American Express
  - Discover
- Paid with Education Course Registration

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<i>Card Owner Name</i>
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<i>Card Number</i>
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<i>Card Expiration Date</i>
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<i>Signature</i>

**Memberships expire December 31<sup>st</sup> of each year. You will automatically receive a membership renewal form prior to the end of the calendar year. Memberships received October 1<sup>st</sup> or after will apply to the next year.**

**PRINT CLEARLY OR TYPE**

_____	_____	_____	
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	
_____			
<i>Job Title</i>			
_____			
<i>Institution Name</i>			
_____			
<i>Department Name</i>			
_____			
<i>Address (please specify if this address is - <input type="checkbox"/> Home Address <input type="checkbox"/> Work Address)</i>			
_____	_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
_____		_____	
<i>Office Phone</i>		<i>Home Phone</i>	
_____		_____	
<i>Fax</i>		<i>E-mail</i>	

*Please fill out both sides of this form*



**NATCO's Vision: That there be a better quality of life for patients with end-stage organ and tissue failure ... and a respect for those who shared.**



Please list credentials you wish to have appear after your name:

I am certified as a  CCTC  CPTC  
 Male  Female Race \_\_\_\_\_  
(optional)

I entered the field of transplantation on the following date: \_\_\_\_\_ Year

My primary area of practice is:

Transplant:  Administration (Administration only, no patient care duties)

Clinical Nurse Manager (Administration and direct patient care duties)

Pediatrics  Pharmacy  Dietetics

Social Services  Case Management  Clinical In-Patient

Intensive Care Unit  General Nursing Unit  Transplant Unit

Clinical Out-patient  Pre-Transplant (Please indicate specific organs below)

Living Donation  Post-Transplant (Please indicate specific organs below)

Physician Assistant  Pediatric Nurse Practitioner  Family Nurse Practitioner

Staff Nurse  Adult Nurse Practitioner  Acute Care Nurse Practitioner

Procurement:  Upper Management (Includes CEO/ED/CFO/COO/President)

Director  Public Education Community Education/Registry Development

Professional Education  Hospital Development  Family Care/Consent

Organ Recovery Donor Evaluation/Management

Preservation/Perfusion  Eye/Tissue Recovery (Includes screening and recovery)

My job includes transplant of (check all that apply): *Clinical Coordinator Only*

Heart  Kidney  Lung  Liver  Pancreas

Intestine  Islet cell

How did you hear about NATCO?

Educational Conference  Through our website  At our exhibit booth

Word of mouth  Other \_\_\_\_\_

Who pays for your NATCO membership?

Self  Employer  Other \_\_\_\_\_

**IMPORTANT: You must complete the entire application form to facilitate prompt processing and to provide material that is most appropriate for your area of practice.**

All information requested on this form may be used in the NATCO Online Membership Directory.

I do not want my information provided in the NATCO Online Membership Directory.

Please allow four to six weeks to receive your electronic Wallet Card and New Member "E-News."

Make check or money order payable to NATCO, or include credit card information, and send payment with application to:

NATCO Executive Office  
P.O. Box 15384  
Lenexa, KS 66285-5384  
E-mail: natco-info@goAMP.com  
Phone: 913.895.4612  
Fax: 913.895.4652  
www.natco1.org

# NATCO

## Membership Information

### NATCO MEMBERSHIP CATEGORIES

**PRACTITIONER:** Professionals whose primary responsibilities are directly involved with the coordination of care for transplant candidates, recipients, donors and donor families or whose responsibilities include the facilitation of the increase in organ donation.

**COLLEAGUE:** Individuals who do not meet the definition of PRACTITIONER member, but whose interests or efforts are beneficial to NATCO.

**EMERITUS:** Contact NATCO for details and criteria.

**PATRON:** Any individual, corporation, society, institution, partnership or foundation whose interests or efforts are beneficial to NATCO (minimum contribution of \$10,000 annually).

**BENEFACTOR:** Any individual, corporation, society, institution, partnership or foundation whose interests or efforts are beneficial to NATCO (minimum contribution of \$25,000 annually).

**ELITE:** Any individual, corporation, society, institution, partnership or foundation whose interests or efforts are beneficial to NATCO (minimum contribution of \$50,000 annually).

**DIAMOND ELITE:** Any individual, corporation, society, institution, partnership or foundation whose interests or efforts are beneficial to NATCO (minimum contribution of \$100,000 annually).

### COMMITTEES

The following committees and sections are standing committees of the organization as approved by the membership and stated in the NATCO Bylaws. In addition to these committees, the president has the authority to appoint ad hoc committees as the need arises.

Once you become a member of NATCO you may be interested in serving on one of these committees. If so, please contact the NATCO Executive Office at the email address or phone number on the membership application.

**RESEARCH**

**ETHICS**

**PUBLIC POLICY**

**NOMINATIONS AND ELECTIONS**

**HEART/LUNG**

**KIDNEY/PANCREAS**

**LIVER/INTESTINE**

**HOSPITAL DEVELOPMENT**

**FAMILY CARE AND CONSENT**

**PROCUREMENT**

**TISSUE**

**LIVING DONOR**

# NATCO

*The Organization for Transplant Professionals*

JOIN TODAY!

### OUR MISSION:

To support, develop and advance the knowledge and practice of its members and to enhance the quality, effectiveness and integrity of donation and transplantation.