



www.kidneytexas.org

2017 Membership Form

Andrea Alcorn
President

Monica Cooley
First Vice President-Membership

Name _____ Spouse's Name _____

Directory Listing _____
(please circle) Mr. and Mrs. - Mr. - Mrs. - Dr. - Ms. - Miss - Dr. and Mrs. - or as shown above

Address _____

City _____ State _____ Zip _____

Home _____ Business _____ Cell _____

Email _____

_____ New Member	_____ Renewing Member
_____ Active \$ 60	_____ Sustaining \$500
_____ Patron \$100	_____ Young Adult (21 to 35) \$ 40
_____ Contributing \$250	_____ Men of Kidney \$ 60
_____ Lifetime Benefactor \$1,000	

_____ **Newsletter by U.S. mail \$5.00** _____ **Newsletter by email at no charge**

_____ **I am a Lifetime Member and would like to make Donation of \$** _____

_____ **I would like to make a donation of \$** _____ **in honor of** _____

Credit Card # (AmEx/ MC/ Visa) _____ Exp. Date _____

Name on Card _____ Security Code _____

My check in the amount of \$ _____ is enclosed

Questions, please email Monica Cooley ~ myaria2000@hotmail.com

OR

KidneyTexas, Inc. ~ kidneytexas@sbcglobal.net

To be listed in the directory, please return your Membership Form by February 28, 2017.

Please send payment to:

KidneyTexas, Inc. ~ 6138 Berkshire Lane, No. 10, Dallas, Texas 75225

You may FAX this form with credit card information to 214-368-3635

OR

You may pay online at www.kidneytexas.org