

Name:		Email:	
Address:		Phone:	
City:	St./Prov:	Zip + 4	

2018 RTOS Membership Year

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Full - (\$75 US/cal.year) | <input type="checkbox"/> New |
| <input type="checkbox"/> Associate - (\$55 US/cal. year) | <input type="checkbox"/> Renew |
| Available if living more than 50 miles from Rochester, has no voting privileges. | |
| <input type="checkbox"/> Student - (\$45 US/cal. year) | |
| Available for students age 18 - 24 must show student ID, and has no voting privileges. | |
| <input type="checkbox"/> First Class Mail Delivery option; required for Canada (add \$5 US/cal. year to basic dues) | |

Organ Preservation Account**

- | | |
|--------------------------------------|-----------|
| <input type="checkbox"/> Contributor | \$50-99 |
| <input type="checkbox"/> Sponsor | \$100-199 |
| <input type="checkbox"/> Benefactor | \$200+ |
| <input type="checkbox"/> Other | _____ |

**Contributions above basic dues amount are designated exclusively for organ preservation and should be tax deductible but check with your tax advisor. Contributions of \$100 and larger will be acknowledged.

Send Application and remittance to:

c/o RTOS, 48 North State St., Nunda, NY 14517-9655