

**North Carolina Coalition on Donation, Inc.**  
c/o Director of Communications  
Carolina Donor Services  
3621 Lyckan Parkway  
Durham, NC 27707

Please complete and submit the application by mail or fax to 919-493-5112. The NCCOD will review your application and vote on your membership. Upon approval will send an invoice for dues.

## Application for Membership

Date of application: \_\_\_\_\_  
Organization name: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_ @ \_\_\_\_\_

### Type of Membership Requested

(Check one box)

**Regular Membership**

- OPO or Eye Bank  
 Marrow or Blood Bank

**Associate Membership**

- Transplant Center  
 Non-Profit Organization  
 Corporation (other than NFP)

**Ad-Hoc Membership**

- State Agency  
 Individual

What is your interest in the NC Coalition on Donation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities have you or your company been involved with related to organ, eye, tissue and marrow/blood donation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what ways do you envision that you or your organization can collaborate with the NC Coalition on Donation to promote our vision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Office Use Only***

Date received: \_\_\_\_\_

Approved : \_\_\_\_\_  
(signature and date)

Rejected: \_\_\_\_\_  
(signature and date)

## **Membership Categories and Annual Dues**

The North Carolina Coalition on Donation's Membership Committee will review all new applications for membership in the Coalition and make recommendations for approval by a majority vote at the next properly convened Coalition meeting. The membership and dues year is from July 1 – June 30.

### **Regular Membership**

Consists of organ procurement agencies, tissue banks, eye banks, bone marrow and blood banks that are chartered and operating in North Carolina.

- OPOs and Eye Banks - \$1,000 each organization, 1 vote per member
- Bone Marrow and Blood Banks - \$250 each organization, 1 vote per member

### **Associate Membership**

Associate Membership status may be granted to any organization with a common interest in public education of donation and advance care planning.

- Non-Profit Organizations (e.g. WNCOTDI, NKFNC, Lions Foundation, Carolinas Center for Hospice and End of Life Care, etc.) - \$150 per each organization, 1 vote per member
- Corporations (other than NFP) dues are based on employees: 1-49 employees is \$200 per corporation; 50-100 employees is \$300 per corporation; 101-1000 employees is \$400 per corporation; and greater than 1,000 employees is \$500 per corporation, 1 vote per member
- Transplant Centers - \$1,000 per each center, 1 vote per member

### **Ad-Hoc Membership**

Ad-hoc Membership status may be granted to individuals (e.g. donor family members, transplant recipients) and governmental agencies and departments, which are exempt from membership dues. Ad-hoc members are non voting members of the Coalition.

- Individual Members – no dues, do not vote
- State Agencies – no dues, do not vote