



www.kidneytexas.org

## 2024 Membership Form

**Monica Cooley**  
**President**

**Dixie Marshall & Connie Rhoades**  
**1st VP Membership**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Social Listing for Directory \_\_\_\_\_  
(for example: Ms. Mary Smith; Mr. and Mrs. John Smith)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

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

\_\_\_\_\_ I am a Lifetime Member and would like to make a donation of \$ \_\_\_\_\_

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

\_\_\_\_\_ Newsletter by U.S. mail for \$10 \_\_\_\_\_ Newsletter by email at no charge

\_\_\_\_\_ I would like to serve on the Luncheon Committee

**Please send payment to:**  
**KidneyTexas, Inc. • 8215 Westchester Drive, Suite 314B • Dallas, Texas 75225**  
~ or ~  
**pay online at [www.kidneytexas.org](http://www.kidneytexas.org)**

Credit Card # (AmEx/ MC/ Visa) \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

My check in the amount of \$ \_\_\_\_\_ is enclosed.

**To be listed in the directory, please return your Membership Form by February 28, 2024.**

**Questions, please email KidneyTexas, Inc. at [kidney@kidneytexas.org](mailto:kidney@kidneytexas.org)**