

**APPLICATION FOR  
BUSINESS MEMBERSHIP IN THE  
ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN)**

UNOS  
700 North 4<sup>th</sup> Street  
Richmond, VA 23219  
Main Phone: (804) 782-4800

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**PUBLIC BURDEN STATEMENT:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0184. Public reporting burden for the applicant for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

**CERTIFICATION**

The undersigned, a duly authorized representative of the applicant, does hereby certify that the answers and attachments to this application are true, correct and complete, to the best of his or her knowledge after investigation. By submitting this application to the OPTN, the applicant agrees: (i) to be bound by the Organ Procurement and Transplantation Network's rules and regulations, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms, thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Applicant Code:** \_\_\_\_\_

## Instructions

1. The criteria for Business Members are found in the OPTN Charter, Article IV -Membership.
2. By submitting this application to the OPTN, the applicant acknowledges that its duly authorized representatives have received and read the current Charter and Bylaws of the OPTN and the applicant agrees: (i) to be bound by the terms thereof, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership.
3. A duly authorized representative of the applicant must review the answers and attachments to the application, perform sufficient investigation to determine accuracy and completeness, and sign and date the certification on the cover page of the application. Failure to furnish accurate and complete information in connection with the application and subsequent requests for supplemental information, constitute grounds for denial or suspension of OPTN membership.
4. Application responses **must be typed and complete.**
  - Do not submit two-sided pages.
  - Attach additional pages as necessary and reference the question and page number on each attachment.
  - An electronic version (MS Word) of this application is available upon request.
5. **Return the original application and one (1) complete copy.**

Express Mail:

UNOS  
Membership Services  
700 North 4<sup>th</sup> Street  
Richmond, VA 23219

US Mail:

UNOS  
Membership Services  
PO Box 2484  
Richmond, VA 23218

Main Phone: (804) 782-4800

## **Application for Business Member**

A Business Member shall be an established organization or institution with at least one year of operating history that has an interest in the fields of organ donation or transplantation, defined as engaging in commercial activities with two or more active OPTN Institutional Members.

1. Provide the following documents:
  - a) A current roster of the organization/institution's board of directors and officers.
  - b) A copy of the organization/institution's Articles of Incorporation and Bylaws.
  - c) A copy of the organization/institution's last annual report or annual financial report.
2. Describe how the applicant meets the following criteria “a Business Member shall be an established organization or institution with at least one year of operating history that has an interest in the fields of organ donation or transplantation, defined as engaging in commercial activities with two or more active OPTN Institutional Members.”