



**2016-2017 Membership Form**

**July 1, 2016 - June 30, 2017**

Questions, call the OCOT executive office at (877) 677-3227 or email [ocacs@ohiofac.org](mailto:ocacs@ohiofac.org)

**American College of Surgeons**  
*Dedicated to improving care of the injured patient*

**General Information**

Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Web Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_



Preferred Mailing Address:  Home  Work

\*Preferred Fax: \_\_\_\_\_ \*Preferred Email: \_\_\_\_\_

*\*Fax number and/or email may be used for member communications.*

**Payment**

**Total Amount Due: \$25**

Please Make Check Payable to:

OCOT  
P.O. Box 1715  
Columbus, OH 43216-1715

Toll free: (877) 677-3227

Fax: (877) 835-5798

**The Ohio Committee on Trauma is a 501(c)(3) organization. Your gift is tax deductible in the manner and to the extent provided by law. OCOT Tax ID # 36-2192800**

**Method of Payment**

Check # \_\_\_\_\_ enclosed  
(Make checks payable to OCOT.)

Please charge my credit card (Circle One)  
VISA MasterCard Discover AMEX

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Expiration date SIC/3-4 digit security code

(Located on back of card)

Address that credit card is issued to:

Home  Work  Other