



## 2014-2015 Membership Form

July 1, 2014 - June 30, 2015

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