American College of Surgeons

Dedicated to improving care of the injured patient

Membership Form
July 1, 2012-June 30, 2013

Please print clearly or type.

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

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Authorized Signature

_____/_____ _____
Expiration date SIC/3-4 digit security code
(Located on back of card)

Address that credit card is issued to:
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