Membership Application

Alliance of Ohio Trauma Registrars

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Organization/Affiliation _____

E-mail Address _____

Membership benefits include:

- Voting and/or nominating privileges for state trauma registrar official committees, election of AOTR officers, chair special committees, revisions to the AOTR bylaws
- CEU's for AOTR education offerings
- AOTR E-newsletter
- Eligible for an annual give away

Annual dues = $35.00

Membership dues must be paid by January 31st each year unless otherwise specified.

Please send this form and payment to the following address:

AOTR
P.O. Box 304
Columbus, OH 43216-0304

NOTE: $25.00 Return Check Fee

Completed by AOTR Treasurer
Date Received: _____
Type of payment: Check ☐ Money Order ☐ Cash ☐