



Orthopaedic Trauma Association

Membership Sponsor Form

- I, _____, agree to sponsor the following applicant for membership in the OTA:

(Applicant Name) _____

Sponsor's current OTA membership category: (mark one)

_____ *Active*

_____ *Research*

_____ *International*

_____ *I am the Residency/Fellowship Coordinator*

- I practice at an institution different from the applicant.
(Different institution is required of one of the two sponsors, for all except Resident/Candidate applicants.)

Yes _____ No _____

- I have known the applicant for _____ years in the following capacity:

- I have no reservations about the applicant's professional, moral, and ethical standards.

_____ True _____ False

Any additional comments are welcome below:

- I believe that this applicant will be a worthy and contributing member of the Orthopaedic Trauma Association. I support his/her membership without reservation.

Sponsor's Name _____ Date _____

Sponsor's Email: _____