



**ORTHOPAEDIC
— TRAUMA —
ASSOCIATION**

Orthopaedic Trauma Association

Education • Research • Service

9400 W. Higgins Rd, Suite 305, Rosemont, Illinois 60018-4975
(847) 698-1631 • www.ota.org • ota@ota.org

BOARD OF DIRECTORS

William M. Ricci, MD
President

David C. Teague, MD
President-Elect

Michael D. McKee, MD
2nd President-Elect

Heather A. Vallier, MD
Secretary

Brendan M. Patterson, MD
*Chief Financial Officer
Finance and Audit Committee*

Steven A. Olson, MD
Immediate Past-President

Theodore Miclau, III, MD
2nd Past President

Chad P. Coles, MD
Clifford B. Jones, MD, FACS
Nirmal C. Tejwani, MD, FRCS
Members-At-Large

Michael D. McKee, MD
Annual Program Chair

COMMITTEE CHAIRS

Edward J. Harvey, MD
Program Basic Science

James P. Stannard, MD
Bylaws and Hearings

Matthew D. Karam, MD
Classification

Roman A. Hayda, MD
Disaster Management & Preparedness

Robert F. Ostrum, MD
Education

William T. Obremskey, MD
Evidence Based Quality Value & Safety

Lisa A. Taitsman, MD
Fellowship & Career Choices

Gregory J. Schmeling, MD
Fellowship Match Compliance

Daniel S. Horwitz, MD
Fund Development

Douglas W. Lundy, MD
Health Policy & Planning

Peter V. Giannoudis, MD
International Relations

Todd W. Maily, MD
Humanitarian

Kyle J. Jeray, MD
Membership

MAJ Daniel J. Stinner, MD
Military

Paul T. Appleton, MD
Practice Management

Craig S. Bartlett, III, MD
Public Relations

Michael T. Archdeacon, MD
Research

Roy Sanders, MD
JOT Editor

Kathleen Caswell, CAE
Executive Director

To: OTA Military Members

Per the bylaws, "Orthopaedic Trauma Association members of any category may apply for a waiver of dues while on active military duty. The member must submit written documentation from their commanding officer indicating the member was on active military duty for during a portion of the calendar year for which the waiver is requested" (Article V, Section XVIII).

Please complete this form and fax or mail to the OTA staff office to:
847-430-5140.

If you would like to review the bylaws, login to the [Member's Only page](#):

I, _____, verify that
(Commanding Officer) _____ (OTA

Member) will be active duty military in 2017.

(Commanding Officer Signature) (Date) Sincerely,

Bill Ricci, MD
OTA President

cc: OTA Board of Directors