



Orthopaedic Trauma Association

Membership Sponsor Form

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

Applicant Name: _____

Applicant Email: _____

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

____ *Active* ____ *Research* ____ *International* ____ *Applicant's Residency/Fellowship Chair*

➤ I practice at an institution different from the applicant.
(When 2 sponsors are required, different institution is required of one of the two sponsors.)

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: _____

If you are a current Clinical or Associate member transitioning to the Active category, please check the box on the left. Though you do not need sponsors; you will need to upload this empty sponsor form twice to finish your online membership application.