



Orthopaedic Trauma Association

Membership Sponsor Form

New in 2020: Only Active and Research applicants need **one** sponsor form uploaded with their application. All other applicants do not need sponsor forms submitted with their application.

- 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*

- 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: _____