



**FLORIDA COMMITTEE ON TRAUMA**  
*American College of Surgeons*

*165 Wells Road, Suite 203  
Orange Park, FL 32073  
(904) 637-0942 Fax (904) 637-0937*

**Membership Nomination Request Form**

\_\_\_\_\_ **ACTIVE Membership** is open to Fellows of the American College of Surgeons.

\_\_\_\_\_ **ASSOCIATE Membership** is open to non –Fellows of the college, medical doctors.

\_\_\_\_\_ **ADVISORY Membership** is open to healthcare providers in trauma centers and hospitals in the State of Florida who are not Fellows of the American College of Surgeons or non-physicians.

Dues for membership in FCOT are \$75.00 for the period of July 1 to June 30 annually.

_____		_____	
NAME		TITLE &/or DEPT.	
_____		_____	
PHONE	FAX	E-MAIL	
_____			
HOME ADDRESS			
_____			
CITY & ZIP			
_____			
HOME ADDRESS			
_____			
CITY & ZIP		HOME PHONE	

DATE LOCATED IN FLORIDA: \_\_\_\_\_

**PLEASE ATTACH CURRENT CIRRICULUM VITAE.**