AOTC MEMBERSHIP APPLICATION

Association of Orthopaedic Technologists California

Complete and return this form with your check to:
AOTC, Inc., 3606 Ocean Ranch Blvd., Oceanside, CA 92056

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #s: Home: _____ Work: _____ Cell: _____

Fax: _____ Other: _____

Email Address: _____

The below information may be shared with other AOTC members AOTC and only with other AOTC members for the purpose of understanding where you stand with other professionals in your field. The information will be compiled together and your name ***will not*** *be tied to your individual response.*

Employer: _____ Length of Time At This Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Place of Employment (Mark One): ☐ Hospital ☐ Private Practice ☐ Military
☐ Other: _____

Years of Experience in Care of Orthopaedic Patients. (Mark One) ☐ 0-1 years ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ Over 10 years

Highest Academic Level (Mark One) ☐ GED/High School ☐ Associates Degree ☐ Bachelor Degree ☐ Master Degree ☐ Doctorate

Are you current NBCOT certified: ☐ Yes ☐ No Are you currently a NAOT member? ☐ Yes ☐ No

Other Professional Certifications or Licenses You Currently Hold? _____

Where did you receive your initial training? (Facility Name & Location) _____

How many providers do you work with? Doctors? _____ NP/PAs? _____ Do you take call? ☐ Yes ☐ No

Percentage of time you work in the clinic on a weekly basis? _____ In the operating room? _____

Please list qualifications required when you were hired for your current position? _____

_____

PRIVACY STATEMENT: Occasionally AOTC is asked by NBCOT, NAOT and other nationally recognized organizations and partnership sponsors to provide them with our list of members. Please check only one box below.

☐ Yes, AOTC may release my name, email address and/or mailing information to NAOT, NBCOT, partnership sponsors, or other state recognized organizations only.
☐ No. Please keep my information private.

Lifetime membership fee is $40.00. Make checks payable to AOTC, Inc.

Membership is tied to the individual and is not transferable. You may cancel or opt out of membership in writing to AOTC at any time. However, if you wish to reactivate your membership after cancelling, a reinstatement fee of $20.00 will be assessed if membership is not reactivated in writing within 30 calendar days of cancellation. By signing below, I acknowledge I am becoming a member of AOTC and understand the above.

Date: _____ Signature: _____

Submit