

# OHIO SOCIETY OF TRAUMA NURSE LEADERS

## Membership Application

Name:

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Title:

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Institution:

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Address:

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Phone:

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Fax:

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Trauma Director: \_\_\_\_\_

\_\_\_\_\_ (insert year) Membership Dues \$150 per Institution

Please pay by Jan. 31

Make Check Payable to OSTNL

Remit to:

OSTNL

c/o Kristin Calkins RN, BSN

Trauma Program Manager

**The University of Toledo Medical Center**

Dowling Hall Rm 2274

3065 Arlington Avenue

Toledo, OH 43614