

**T**rauma **M**anagers **A**ssociation Of **C**ALIFORNIA

**Membership Application**

The mission of the Trauma Managers Association of California is to provide *leadership for trauma system development, mentoring and providing education for those who provide trauma care, always with the focus on the continuum of care for critically injured trauma patients.*

**PLEASE COMPLETE ALL INFORMATION CLEARLY.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Include on mailing label?:  Yes  No

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DUES PAYMENT \$75.00**  
**TMAC Tax ID # 76-0765331**

Enclosed is a check in the amount of \$\_\_\_\_\_ payable to TMAC.

Checks and application should be mailed to TMAC Office at:  
914 Westwood Boulevard, #180  
Los Angeles, CA 90024