



Mail to:
 PO Box 592
 Holland, OH 43528-0592
 419-327-9076
 www.otma.org
 tacmed@otma.org

MAKE CHECK OR MONEY ORDER OUT TO : "OTMA"

Membership Application

New Membership ()

Renewal Membership ()

OTMA TEMS Membership \$30.00 ()

OTMA TEMS Team Membership \$150.00 ()

OTMA Associate (Non-TEMS, Tactical) \$30.00 ()

OTMA Corporate Sponsor \$200.00 () Company Website " _____ "

First Name	
Middle Initial	
Last Name	
Home Address	
City, State, ZIP	
Home Phone Number	
Cellular Number	
Home e-mail address	
Medical Level Licensure	

EMS Service	
EMS Service Rank	
EMS Service e-mail Address	
Fire Service	
Fire Service Rank/Position	
Fire Service e-mail Address	
Law Enforcement Service	
Law Enforcement Rank/Position	
Law Enforcement e-mail Address	

Team Name	
Number of Officers	
Full Time or Part Time	
Multi Jurisdictional Team Name	

Date: _____

Signature: _____