



## 2025 Annual Dues Invoice

Dear CCOT Member:

It is time to renew your CCOT membership. Please note the membership classes with dues amounts and remit your payment using the below options:

\_\_\_ I wish to remain a CCOT

Membership level: ☐ Active (\$100) ☐ Associate (\$75) ☐ Physician-in-Training (\$10)

☐ Ex-Officio (\$0) ☐ Advisory (\$0)

Donation to the Resident Fund: \$ \_\_\_\_\_

Total (Dues + Donation): \$ \_\_\_\_\_

Form of Payment options:

1) **Credit Card** (Please circle payment method): Visa / MasterCard

Card number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address for Card (Street address, city, state, zip code):  
\_\_\_\_\_  
\_\_\_\_\_

Expiration date (Month/Year): \_\_\_\_ / \_\_\_\_

Security code: \_\_\_\_\_

2) **Check:** Payable to: **Chicago Committee on Trauma**

Mail to: Judith E. Brasic, RN, 723 Bethel Avenue, Bolingbrook, IL 60490

3) **QR-Code:**      Credit Card

Debit Card



Square



Zelle

SquareLink

<https://checkout.square.site/merchant/HGCPRC5HQ6V8P/checkout/TIJHPM3YEFI6DWW5HQQJBXIG>

\_\_\_ I no longer wish to be a CCOT member.