



OHIO STATE CORONERS ASSOCIATION

3757 Indianola Ave. Columbus, OH 43214-3753

614/262-6722 FAX 614/784-9771

AFFILATE/ALUMNI MEMBERSHIP

Please Print

Application for Membership as: _____ Affiliate (Deputy Coroner, Investigator, Office Manager, etc.)
_____ Alumni (Past Coroner)

Membership in these categories MUST be endorsed by the County Coroner with his/her signature on this form.

Applicant _____
Last Name First Name MI DO or MD

Position: _____ County: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Telephone Coroner's Office: _____ Fax: _____

Telephone Private Practice: _____ Fax: _____

E-mail Address: _____ Cell Phone: _____

Spouse or Significant Other's Name: _____ No. of Children: _____

Private Practice Specialty: _____

Undergraduate Degree: _____ Year: _____ School: _____

Medical Degree: _____ Year: _____ School: _____

Other Degrees/Board Certifications: _____

Medical Association Memberships: _____

Civic Organization Memberships: _____

Interests (Reading, computer, golf, etc.): _____

Honors/Awards/Other: _____

Applicant's Signature: _____ Date: _____

Coroner's Signature: _____ Date: _____