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MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Application for Committees of the Massachusetts Medical Society

Application Instructions: Complete all of the fields below and email this form and CV to Karen Harrison at kharrison@mms.org.

Date:
Name:
District Society:
Mailing Address:
Email:
Phone:
If you are currently serving on any committees, please indicate:
Please list your committee choices in order of preference: 1. 3. 2. 4.
Please explain why you are interested and include any pertinent information about your background.
Many committees meet during the daytime or late afternoon. Are you flexible/willing to adjust your schedule to attend some daytime or late afternoon meetings? Daytime: Y <input type="checkbox"/> N <input type="checkbox"/> Afternoon: Y <input type="checkbox"/> N <input type="checkbox"/> Evening: Y <input type="checkbox"/> N <input type="checkbox"/>
Every effort will be made to appoint you to a committee of your choice. However, if this is not possible, are you willing to serve on another committee? Y <input type="checkbox"/> N <input type="checkbox"/>