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# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## Application for Committees of the Massachusetts Medical Society

**Online Application Instructions:** Complete all of the fields below and email this form and CV to Karen Harrison (email below).

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.  2.  3.  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"/>

Please [email us](#) your application and CV.

For questions, please contact Karen Harrison at [kharrison@mms.org](mailto:kharrison@mms.org) or (781) 434-7463.