



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## MEDICAL STUDENT APPLICATION FOR COMMITTEES OF THE MASSACHUSETTS MEDICAL SOCIETY (2026-2027)

Name:

Mailing Address:

City, State, ZIP:

E-mail:

Phone:

Medical School:

Year of Graduation:

If you are currently serving on an MMS committee, please indicate:

Please list your committee choices in order of preference:

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)

**Please attach a brief statement of interest indicating why you are interested/qualified for your first and second choices above.**

Although most committees meet in the evening, some may meet during the daytime or late afternoon. Are you flexible/willing to adjust your schedule to attend daytime or late afternoon meetings?

Yes       No

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?

Yes       No

**REQUIRED: Please attach a current resume or curriculum vitae along with your statement of interest.**

***If you have indicated the Committee on Ethics, Grievances, and Professional Standards as one of your committee choices, please attach a letter from the dean of your medical school.***

**Please return completed form by February 17, 2026 to [chennessey@mms.org](mailto:chennessey@mms.org)**

**~ COMMITTEE APPOINTMENTS WILL BE ANNOUNCED IN MAY 2026 ~**