



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

RESIDENT AND FELLOW APPLICATION FOR COMMITTEES OF THE MASSACHUSETTS MEDICAL SOCIETY (2026-2027)

Name:

Mailing Address:

City, State, ZIP:

E-mail:

Phone:

2026-2027 Training Program:

Year of Training Completion:

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 program director of your training program.

Please return completed form by February 17, 2026 to chennessy@mms.org

~ COMMITTEE APPOINTMENTS WILL BE ANNOUNCED IN MAY 2026 ~