



**The Society of Medical
Consultants to the Armed Forces**

PROPOSAL FOR MEMBERSHIP*

Active Associate (Active Duty) Candidate Former NMVS Honorary (Circle one)

Name: _____ Rank: _____ Age: _____
(Print)

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: Office _____ Home _____ Fax _____ E-Mail: _____

Military Branch: _____ Length of Service: _____ Active _____ Reserve _____

Last Assignment: _____ Date of Retirement: _____

Medical Specialty: _____ Certification: _____

Current Licensure (State): _____

Current Professional Position and Location: _____

National Society Memberships: _____

Current AMSUS Member: Yes _____ No _____ SMCAF Members will need to be AMSUS Members by January 1, 2011.

If you are not an AMSUS Member do you intend to join? Yes _____ No _____

Proposer's Comments:

Date: _____ Proposed by: _____ Signature: _____
print name

Second's Statement:

Date: _____ Seconded by: _____ Signature: _____
print name

* Both Proposers and Second must comment, print name and sign. Forward to: Executive Director, Society of Medical Consultants to the Armed Forces, 5 Southern Way, Fredericksburg, Virginia 22406.

Committee Action: Approved _____ for _____ Membership; forwarded to Council

Date: _____ Signature: _____, Membership Committee Chair

* Curriculum Vitae is helpful but not mandatory.