



The Society of Medical Consultants to the Armed Forces

PROPOSAL FOR MEMBERSHIP*

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

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

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 Societal Memberships: _____

Proposer's Comments:

Multiple horizontal lines for writing proposer's comments.

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

Second's Statement:

Multiple horizontal lines for writing second's statement.

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

* 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.