



Active      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 must be AMSUS Members.

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: Assistant to the President, 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.