



BOARD MEMBER APPLICATION FORM

1. Positions you wish to be considered for:

ExCom	General Assembly Table	Fiscal Council
President __ President Elect __ Secretary General __ Treasurer __	President __ Vice-President __	President __ Vice-President __ Member at large __

2. Personal Information

Name: _____

Email: _____

Address: _____

3. Education and Training

Medical School _____

Dates Attended _____

Residency _____

Dates Attended _____

Fellowship _____

Dates Attended _____

Other training (if applicable) _____

Dates Attended _____

4. Past or Present Service for FORTE (Committees, National Representative, Faculty, etc)

5. Past or Present Service to other medical organizations, journals, etc.



6. Other relevant experience or qualifications:

7. One paragraph statement of your goals and why you are well suited for this position:

8. Other commitments Note other commitments that may represent potential conflict of interests with this position or state "none".

Agreement

I understand and agree to meet the commitments that this position entails, including **participating** in conference calls, attending meetings, actively contributing to discussion, providing timely responses, supplying reports, etc.

I understand that if selected I will be signing an **agreement** assigning rights to FORTE for work produced.

Date _____

Name _____

Signature:

Please send your complete form to

info@forteortho.org