



COMMITTEE APPLICATION FORM

1. Committees you wish to be considered for:

Membership Committee ___
Social Media & Communication Committee ___
Finance Committee ___
Fellowships Committee ___
Congress Scientific Advisory Committee ___

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

Signature

Please send your complete form to

info@forteortho.org