

Intent to Apply for Resident/Student Commission Appointment

Name _____

AAFP Member ID #: _____

E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one) PGY1 PGY2 PGY3 PGY4 and above

 M1 M2 M3 M4

Name of Constituent Chapter and Chapter Executive _____

I am interested in being nominated to serve on the following commission(s) (please indicate your choices by placing the appropriate number in the space provided ((1-5) with 1 being your first choice and 5 being your last choice)).

Continuing Professional Development

Governmental Advocacy

Health of the Public and Science

Membership & Member Services

Quality & Practice

I have confirmed my state chapter's deadline for applications and I will be sending my application and support materials to the state chapter.

Signature

Date

Please fax this form to your state chapter and to the AAFP (913-906-6289, attn: Angela Wasson).

