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|  | AMSSM MSIG  CHARTER MEDICAL SCHOOL APPLICATION |
| **4000 W. 114th Street, Suite 100 ● Leawood, KS 66211 ● (913) 327-141 ● (913) 327-1491 (Fax) ●** [**www.amssm.org**](http://www.amssm.org) **●** [**joanb@amssm.org**](mailto:joanb@amssm.org) | |

**RETURN THIS FORM TO THE AMSSM OFFICE: ATTN: JOAN BROWN, MEMBERSHIP MANAGER**

*Please fill out the following details \* indicates a required field*

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| --- | --- |
| \***Name of Medical School:** |  |

|  |  |
| --- | --- |
| \***City of Medical School:** |  |

|  |  |
| --- | --- |
| \***State of Medical School:** |  |

|  |  |
| --- | --- |
| \***Affiliated Student Interest Group Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \***Faculty Advisor:** |  | \***Email Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \***Student Interest Group Leader:** |  | \***Email Address:** |  |

|  |  |
| --- | --- |
| \***Name of *Primary Contact*:** |  |
| \***Position of *Primary Contact*:** |  |

\***Mailing Address for Primary Contact below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Mailing Address (Line 1): | |  | | | | |
| Mailing Address (Line 2): | |  | | | | |
| \*City: |  | | \*State: |  | \*Postal Code: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone Number of Primary Contact (Include Area Code): | ( |  | ) |  |  |  |  | ─ |  |  |  |  |  |

|  |  |
| --- | --- |
| \***Email Address for Primary Contact:** |  |

**Please Include Information Regarding Your Medical School Interest Group:**

|  |  |
| --- | --- |
| **Estimated Number of Members:** |  |

|  |
| --- |
| **Events Hosted/Involved In:** |
|  |

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| **Connections you have with other related interest groups (i.e. family medicine):** |
|  |

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| **Connections with sports medicine fellowship program(s):** |
|  |

|  |
| --- |
| **Connections with AMSSM sports medicine physicians:** |
|  |

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| --- |
| **Any other details that would help us get to know you and your Medical School Interest Group:** |
|  |