



## University of Michigan | Medical Center Alumni Society – 2014 Application Form MCAS Board Membership

### Nominee Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***\*Please indicate if home address is preferred mailing address***

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Specialty: \_\_\_\_\_

Medical School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Residency Program Attended: \_\_\_\_\_ Year Completed: \_\_\_\_\_

### Nominator Information

#### Nominator 1:

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Nominator 2:

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Submission Instructions

**Nomination submissions must include:**

**Application Form**    **Curriculum Vitae**    **Two Letters of Recommendation**

(1st) Nominator: \_\_\_\_\_

(2nd) Nominator: \_\_\_\_\_

***Please submit the nomination in its entirety no later than January 31, 2014 to:***

Trish Roma  
Alumni Relations Coordinator  
Office of Medical Development & Alumni Relations  
1000 Oakbrook Drive – Suite 100  
Ann Arbor, Michigan 48104

**Questions: Please contact Trish Roma at 734.763.5103 or trishro@umich.edu.**