

RECOMMENDATIONS FOR TMA COUNCILS AND COMMITTEES

Your name _____

County medical society _____ Position _____
(President, Secretary, Delegate, etc.)

RECOMMENDATION FOR COUNCIL/COMMITTEE ON _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

RECOMMENDATION FOR COUNCIL/COMMITTEE ON _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

RECOMMENDATION FOR COUNCIL/COMMITTEE ON _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

Please return this form to:

Bexar County Medical Society
Attn: Steve Fitzner, CEO
Email: steve.fitzner@bcms.org

Please copy Melody at BCMS:
Email: melody.newsom@bcms.org
Fax: (210) 301-2150.