

CFMSE Member Profile

Please fill in this information and email to CFMSEinfo@gmail.com.

First name _____

Last name _____

Designations _____

Title _____

Executive Director

CEO

VP

President

Associate Executive Director

Associate or Assistant Director

VP-Director FMA

Associate FMA

Communication Director

Executive Manager

Administrative Manager

Managing Director

Email _____

Name of Medical Society/Association

Address

Street _____

City _____

State _____

Zip Code _____

Business Phone _____

Mobile Phone _____

Society/Association Website _____

Type of Medical Society/Association:

- County
- Specialty
- FMA
- State

List additional societies you manage:

Please list the number of Members (Physicians) in each society you manage.

Does your Society have a Foundation? Yes _____ No _____

Additional Information:

Please complete and email to CFMSEinfo@gmail.com