

# 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](mailto:CFMSEinfo@gmail.com)