

ENDORSEMENTS

This is to certify that Dr. _____ is a member
in good standing of _____

Signed: _____
President or Secretary

Signatures of three Fellows of the Society to whom the Executive Committee may refer:

1. _____

2. _____

3. _____

RECOMMENDATION OF COMMITTEE:

FAVORABLE _____ UNFAVORABLE _____ POSTPONED _____ YEARS _____

ACTION OF FELLOWS: ACCEPTED: _____ REJECTED: _____

ELECTED ASSOCIATE (20) ELECTED FELLOW (20)

ATTENDANCE _____

PROGRAM _____

PAPER _____

DISCUSSION _____

FORWARD COMPLETED FORM TO: PLEASE AFFIX YOUR BUSINESS CARD BELOW.

ISUCRS

MEMBERSHIP DEPARTMENT

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