## C:\Users\ZfLan\Downloads\AFLESR_Logo3.jpg

## Foundation Membership Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |
| Last | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | M.I. | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | Street Address | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | | | | | | |
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|  | | | | | City | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | | | | | | |
| Home Phone: | | | | | | ( ) | | | | | | | | | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |
| Voluntary Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical school attended: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Board certified and by which board: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| Areas of interest for research: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| Willingness to Participate in Research Projects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | |  | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Willingness to Participate in Conferences | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  |
|  | | Yes | | | | | |  | | | No | | | | | | |  |  | | | | | | | | | | | | | | | | | | |