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

## Foundation Membership Application

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