



University of Michigan | Medical Center Alumni Society – 2011 Application Form MCAS Board Membership

Nominee Information

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

****Please indicate if home address is preferred mailing address***

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail : _____

Specialty: _____

Medical School Attended: _____ Graduation Year: _____

Residency Program Attended: _____ Year Completed: _____

Nominator Information

Nominator 1:

Name: _____ Relationship to Nominee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Nominator 2:

Name: _____ Relationship to Nominee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Submission Instructions

Nomination submissions must include:

Application Form **Curriculum Vitae** **Two Letters of Recommendation**

(1st) Nominator: _____

(2nd) Nominator _____

Please submit the nomination in its entirety no later than January 31,2011 to:

Trish Roma
Alumni Relations Coordinator
Office of Medical Development & Alumni Relations
1000 Oakbrook Drive – Suite 100
Ann Arbor, Michigan 48104

Questions: Please contact Trish Roma at 734.763.5103 or trishro@umich.edu.