



MEMBERSHIP APPLICATION
Society for Humanism in Medicine
(Previously International Society for Advancement of Humanistic Studies in Medicine)

Name: _____ Title: _____

Office Address: _____

Office Telephone: _____ Fax: _____ Date of Birth: _____

Profession: _____ Specialty: _____

College Attended and Degrees Earned: _____

Medical School (if applicable): _____

Other Professional Training: _____

Honors and Awards: _____

Membership in Other Societies: _____

Community Activities (Church, Civic Clubs, Charitable Organizations, etc.): _____

Bibliography: Please attach a list of your contributions to the literature.

List any meetings of ISFAHSIM you have attended: _____

Other pertinent information: _____

Name of Proposer: _____ Signature: _____

Signature of Applicant: _____ Spouse's Name: _____

Home Address: _____

Home Telephone: _____ E-Mail: _____

If the applicant has a curriculum vitae please enclose with the completed application.

Return application with application fee of \$50.00 (payable to SHIM) to:
Anne Colston Wentz, MD ♦ Secretary/Treasurer, SHIM ♦ PO Box 2501 ♦ Avon, CO 81620
Please see reverse for information regarding processing of application.

Society for Humanism in Medicine

Procedure for Membership Application

Applicants require a *proposer* or member of SHIM to co-sign the application.

If the applicant does not have a proposer, please contact President David Oberdorfer, MD, dwoberdorf@aol.com or Anne Colston Wentz, MD, SHIM Secretary/Treasurer, prior to completing application. (See contact information below)

A completed, signed application should be forwarded to the proposer who reviews the application for completeness, co-signs and delivers to the Executive Director. The Membership Committee recommends approval or rejection to the Board of Directors.

The Board of Directors reviews the application at its annual meeting, approves or disapproves the application.

The prospective member will be notified of his/her election to membership after action by the Board of Directors. In the event that the application is rejected, the proposer will be notified and asked to inform the applicant.

CONTACT INFORMATION:

Anne Colston Wentz, MD SHIM Secretary/Treasurer
PO Box 2501, Avon, CO 81620
Phone: 970-949-0950 Fax: 970-949-0412.
AnneWentz@humanisminmedicine.org,

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Application Received: _____ Acknowledged: _____

Recommendations of the Membership Committee: _____

Signature of the Chairman: _____

Notification: _____

Date: _____ Mail: _____ Fee: _____