

MEDICAL SOCIETY OF THE STATE OF NEW YORK

2022 RECOMMENDATIONS FOR COMMITTEE APPOINTMENTS

COMMITTEE: _____
NEW APP'T REAPP'TMENT REMOVE
NOMINEE: _____
ADDRESS: _____ PHONE: _____
CITY, ZIP: _____ FAX: _____
E-MAIL ADDRESS: _____ SPECIALTY: _____

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SUBMITTED BY: _____

Please feel free to copy this form if you need more.