# AOSSM COMMITTEE SERVICE VOLUNTEER FORM

Name _____

Practice Name/Institution _____

City _____ State _____

Age _____ Year Joined AOSSM _____

Committee(s) you are interested in serving on:

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Please use the area below to outline your interests, abilities, and experience, particularly as they relate to your committee of interest, in 200 words or less, or submit a letter with same. **Do not attach your curriculum vitae.** The Committee on Committees will use the information to assist them in their selection of committee members in May 2011. This information will be kept confidential. Return to the Society office no later than **February 1, 2012,** by mail or fax to 847/292-4905, or e-mail camille@aossm.org.

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