



Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ MD \_\_\_\_\_ DO \_\_\_\_\_ AAFP ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Thank you so much for your interest in the MAFP. This form may be used to indicate your interest in one of our Commissions and also to indicate your interest in other volunteer activities. Please select your MAFP Commission Preference and rank them accordingly. ("1" being most preferred)**

<b>Education Commission</b> Is responsible for the conducting of all educational and research programs of the Academy, as well as encouraging and assisting in all resident and student affairs in Missouri.	
<b>Membership Commission</b> Shall be charged with the recruitment and maintenance of qualified members of this Academy.	
<b>Government Affairs Commission</b> Shall investigate and/or initiate methods of improving the health and well-being of the citizens of Missouri, representing the interests of family physicians and strengthening the specialty of family practice, including encouraging the passage of laws to that end. This commission will also have the responsibility for evaluating and initiating changes in the by-laws.	
<b>Communications Commission</b> Is responsible for any publications, public relations efforts and communications with the news media regarding public relations efforts. The communications commission does not speak for the organization or represent the Board to the media.	
<b>Other:</b> _____	

**First Commission Choice:** (Please indicate any related background expertise)

**Second Commission Choice:** (Please indicate any related background expertise)

Please indicate your special interest, background, and/or expertise for additional volunteer opportunities.

Are you willing to serve on any commission to which you may be appointed?  Yes  No

Please describe your current professional position or practice circumstance. Consider having check marks for the most common responses – e.g. solo practice; small family medicine group practice (# in group); multi-specialty group; currently in training; administrative (describe); other (describe):

Education:	School or Program	Location	Dates
Pre-Medical			
Medical School			
Internship			
Residency			
Additional			

Check all that apply:

- Currently licensed to practice in Missouri
- ABFM Board certified (date of certification)
- ABOM (?) Board certified (date of certification)

Please list any other AAFP or Chapter Offices you have held or Commissions you have served on:

Please list any other Medical Society affiliations / Professional activities:

Thanks again for your interest.

Please email the completed form to the MAFP at 722 West High Street Jefferson City, MO 65101-1526 or fax to 573-635-0148