



**NOMINATION FOR APPOINTMENT TO MEMBERSHIP ON
ACS STATE/PROVINCIAL COMMITTEE ON TRAUMA**

SUBMIT TO:

**American College of Surgeons
Trauma Programs Office
633 N. St. Clair Street
Chicago, IL 60611-3211
ATTN: Bridget Blackwood
bblackwood@facs.org**

Categories of Membership:

**VICE CHAIR
ACTIVE (Must be FACS)
ASSOCIATE (Non-Fellow, physician)
ADVISORY (Non-physician)
PHYSICIAN IN TRAINING
EX-OFFICIO (Past Chair)**

Name:

Address:

Phone:

Email:

Category of Membership:

DATE _____ Name _____ (CHAIR)

NAME OF STATE/PROVINCIAL COMMITTEE _____

Deletions from Membership -- This form may be used to notify the ACS Trauma Office of membership deletions. **A member, particularly a Fellow, must always be notified when his Committee membership is terminated.**