

MEDICAL SOCIETY OF THE STATE OF NEW YORK

2021 RECOMMENDATIONS FOR COMMITTEE APPOINTMENTS

COMMITTEE: \_\_\_\_\_  
NOMINEE: \_\_\_\_\_ NEW APP'T REAPP'TMENT REMOVE  
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.