



Council of Academic Societies Membership Application Form

1. Society's name: _____

2. Contact Person:
Name: _____
Society office: _____
Professional title: _____
Address: _____

Phone: _____ Fax: _____ E-mail: _____

3. Date organized: _____ Current tax status: _____

4. Total number of members: _____ Total number of dues paying members: _____

5. Estimated percentage of members that are academic faculty: _____

6. Of Society's Academic Faculty, estimated percentage of members whose scientific focus is: Basic _____ Translational _____ Clinical _____

7. Please describe the purpose of the society and how its purpose resonates with the mission and goals of the CAS: _____

8. Please describe your society's interest in advancing medical education (if any):

CAS Membership Application (continued):

9. Please describe your society's interest in advancing research (if any): _____

10. Please describe your society's interest in patient care (if any): _____

11. Please attach the following required documentation:

- Society constitution and bylaws
- Society membership criteria
- Proof of current IRS tax status
- Minutes of recent governance meeting
- Annual meeting program

12. Please return application form and attachments to:

Tony Mazzaschi
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