**2020-2021**

**Nominating Committee Interest Form**

Submit this form and all required attachments to Kimberly McNamara via email, [kmcnamara@aasm.org](mailto:kmcnamara@aasm.org), or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering. If you have not filled out the AASM Diversity & Inclusion information please log in and complete that before submitting the Interest Form.

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Degree:** | | **Member Number:** |
| **Organization:** | | **Email:** | |
| **Address:** | | **City, State, Postal Code:**  **Province/State/Country:** | |

**Primary Specialty:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pulmonary Medicine | Neurology | Psychiatry | ENT | Nursing |
| Pediatrics | Internal Medicine | Behavioral | Research | Anesthesiology |
| Family Practice | Dentist | Technologist | Other |  |

**AASM Service: Please provide a brief overview of your leadership activities within the AASM (300-word maximum).**

    

**Required Attachments:**

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| --- | --- | --- |
| **CV Summary (2-page max)** | **Conflict of Interest Disclosure Form** | **Questionnaire** |