



Committee Application Form

Name _____ Credentials _____

Title _____ Male Female

Phone _____ E-mail _____

Check the committee(s) in which you are interested:

- Autonomic Standards Awards Education Electronic Communications
 Health Advocacy Membership Pediatric Policy Prevention Program
 Rehabilitation Standards Research
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Please save and email your completed application to Carolyn Moffatt, Carolyn@asia-spinalinjury.org.

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