



## Committee Application Form

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

- Autonomic Standards    Awards    Education    Electronic Communications  
 Health Policy Advocacy    Membership    Pediatric    Prevention    Program  
 Rehabilitation Standards    Research    Student/Trainee Workgroup
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Please save and email your completed application to Carolyn Moffatt, [Carolyn@asia-spinalinjury.org](mailto:Carolyn@asia-spinalinjury.org).

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