



# Western Society of Clinical Investigation NOMINATION FOR MEMBERSHIP

**WSCI NOMINATION FOR MEMBERSHIP**  
**For consideration, the completed application must be emailed to the Secretary-Treasurer by  
 December 15<sup>th</sup>**

**APPLICANT INFORMATION**

Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Email address:		

**UNIVERSITY AFFILIATION**

Institution:		
Subspecialty:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Present Title/Position:		
*Proposed by:	Signature	
*Seconded by:	Signature	

**EMERGENCY CONTACT**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

\*Two members of the Society must submit letters of nomination stating the qualifications of the nominee and need to be emailed to the Secretary-Treasurer by December 15<sup>th</sup>. This form needs to be accompanied by a current curriculum vitae, that includes past and active grant support, and has publications separated into peer-reviewed articles, reviews and book chapters, abstracts and other publications.

Please send the application cover letter and CV and have the nominators submit their letters to:

WSCI  
 Theodore C. Friedman, M.D., Ph.D.  
 tfriedm@cdrewu.edu  
 Charles Drew University  
 1731 E 120<sup>th</sup> Street AFH #3071  
 Los Angeles, CA 90059

**Active Member**

Active members are individuals who have completed a meritorious investigation in any area of medical research, in most instances including publication. Active members are eligible to vote in national and regional elections and to hold office.

**Annual fees are \$100.00**

Signature:	Date:
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