



Committee Application

Name _____ Credentials _____

Title _____

Phone _____ E-mail _____

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

- ☐ Americas Committee ☐ Autonomic Standards ☐ Awards ☐ Education
☐ Early Career Committee ☐ Electronic Communications ☐ Health Policy Advocacy
☐ Membership ☐ Prevention ☐ Primary Care ☐ Program ☐ Rehabilitation Standards

Please save and email your completed application to Carolyn Moffatt, **Carolyn@asia-spinalinjury.org**.

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