

**American Society for Reconstructive Microsurgery
Council Member-in-Training Position
Application**

Applications must be received no later than November 1st

Full Name	<input style="width: 100%;" type="text"/>		
Mailing Street Address	<input style="width: 100%;" type="text"/>		
Suite/Apt Number	<input style="width: 100px;" type="text"/>	City, State/Province	<input style="width: 100px;" type="text"/>
Country	<input style="width: 100px;" type="text"/>	Zip Code	<input style="width: 100px;" type="text"/>
Phone	<input style="width: 100px;" type="text"/>	Fax	<input style="width: 100px;" type="text"/>
E-mail	<input style="width: 100%;" type="text"/>		
Institution Name	<input style="width: 100%;" type="text"/>		
Program Director Name	<input style="width: 100px;" type="text"/>	Program Director Phone	<input style="width: 100px;" type="text"/>
Program Director Email	<input style="width: 100px;" type="text"/>	Program Director Fax	<input style="width: 100px;" type="text"/>
What is your current student level	<input style="width: 100px;" type="text"/>	Have you been granted time away to attend the Council meetings in January 2025, 2026 and July of 2025?	<input type="radio"/> Yes <input type="radio"/> No

Completed Application Check List:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Statement of Interest | <input type="checkbox"/> Letter of recommendation from Program Director stating the applicant is in good standing and has been granted time off to attend the required Council meetings. |
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Applicant Signature	<input style="width: 100%;" type="text"/>
Date of Submission	<input style="width: 100px;" type="text"/>

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