



Worcester District Medical Society  
Committee Registration

I am willing to serve/continue to serve on one (or more) of the following committees.  
(Please complete this form even if you are currently serving on a committee).

Public Health	_____	Bylaws	_____
Legislative	_____	Public Relations	_____
Medical Education	_____	Scholarship	_____
Publications	_____	Women's Caucus	_____
Membership	_____	Awards	_____
Memorials	_____		

**Please Print**

Please complete the following

Name \_\_\_\_\_

Professional Title(s) \_\_\_\_\_

Specialty \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Preferred Address \_\_\_\_\_  
\_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

You may complete this form online at [www.wdms.org](http://www.wdms.org)  
The form may also be downloaded and faxed to: 508-754-6246  
or mailed to WDMS, 321 Main Street, Worcester, MA 01608

If you have any questions you can reach us at 508-753-1579