



**Illinois State Medical Society
Recommendations for Council/Committee
Appointments 2021-2022**

Member Name: _____ Specialty: _____

Address, City, State, Zip: _____

Phone #: _____ cell work home

Council/Committee: _____

Member Name: _____ Specialty: _____

Address, City, State, Zip: _____

Phone #: _____ cell work home

Council/Committee: _____

Member Name: _____ Specialty: _____

Address, City, State, Zip: _____

Phone #: _____ cell work home

Council/Committee: _____

SUBMITTED BY: _____

SOCIETY: _____

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