2015 AMA-YPS Representative Certification
Society Contact Information

Society Name: _____

Number of Young Physician Members: _____

Staff Contact:

Name: _____

Title: _____

Mailing Address: _____

City, State: _____

Phone: _____

E-mail: _____

AMA-YPS Representative: ***Use additional page if your society is eligible for more than two delegates.***

Name: _____

Mailing Address: _____

City, State: _____

Phone: _____

E-mail: _____

AMA-YPS Representative:

Name: _____

Mailing Address: _____

City, State: _____

Phone: _____

E-mail: _____

YPS Chair (if applicable):

Name: _____

Mailing Address: _____

City, State: _____

Phone/Fax: _____

E-mail: _____

Return via fax 312/224-6905 or e-mail to ypsama-assn.org