



# Committee Interest Form

## Committee Information

Members interested in participating in FCEP Committees should complete the form below. Committee membership is open to all FCEP members. Non-FCEP members are eligible to sit on committees, but do not have voting privileges.

Please select which committee or committees you would like to participate on. You may choose more than one. Committees typically meet four (4) times per year. Please refer to the *Committee Objectives* for detailed descriptions of each committee.

- EMS/Trauma Committee
- FCEP/FHA Free Standing ED Committee
- Government Affairs Committee
- Medical Economics Committee
- Membership & Professional Development Committee
- Pediatric EM Committee

## Contact Information

<b>Name:</b>		<b>Suffix:</b>	<b>Date:</b>
<b>Home</b>			
Street Address:			
City/State/ZIP Code:		Mobile Phone:	
Email:			
<b>Hospital</b>			
Hospital Name:			
Street Address:			
City/State/ZIP Code:		Phone:	
Email:			
<b>Business</b>			
Business Name:			
Street Address:			
City/State/ZIP Code:		Phone:	
Email:			
Preferred contact: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Business			