



THE WESTERN SOCIETY FOR PEDIATRIC RESEARCH

E-mail: wsprcouncil@cuanschutz.edu
<https://www.westernspr.org/>

TAX ID#94-2796477

Nomination Form for Membership

NOMINEE (TYPE NAME)

NOMINEE (SIGNATURE)

Current Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Present position: _____

Date of completion of medical school or of obtaining professional degree: _____

NOMINATOR (TYPE NAME)

NOMINATOR (SIGNATURE)

Include in a single transmission:

1. **Nomination form**
2. **A letter of recommendation from nominator (see criteria #4)**
3. **Curriculum vitae or NIH biosketch of nominee**
4. **Statement by nominee of current independent research activities**
5. **One to three reprints**

Nomination deadline: Accepted and evaluated throughout the year.

Please send nomination material to: wsprcouncil@cuanschutz.edu