



Application for Membership Scholarship

The Society for Participatory Medicine will grant a partial or full membership scholarship to any individual who demonstrates involvement in Participatory Medicine for whom the membership fee would be a burden.

PERSON YOU WISH TO NOMINATE INFORMATION

Name of individual
you wish to nominate:
(may include yourself)

Address:

City:

State/Province:

ZIP / Postal Code:

Country:

Telephone:

Email address:

PERSON MAKING THE NOMINATION (if different)

Name:

Address:

City:

State/Province:

ZIP / Postal Code:

Country:

Telephone:

Email address:

REASON FOR NOMINATION

Please mail to: The Society for Participatory Medicine
PO Box 393
Nutting Lake, MA 01865-0393

Or email to treasurer@participatorymedicine.org