



UNDER THE AUSPICES OF THE  
Association of Medical School Pediatric Department Chairs, Inc.

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## COMSEP Coordinator Membership Form

Each medical school that is a member in good standing of the Association of Medical School Pediatric Department Chairs (AMSPDC) and has paid its annual COMSEP dues may designate one individual as the clerkship coordinator member.

**If you are joining as an additional Coordinator Member from your program, membership requires a dues payment of \$25.00 per person.** Please provide the name and contact information of any additional Coordinator Members. Please make checks payable to COMSEP and return payment with this form to the address below.

*If you are unsure whether your program currently has a designated Coordinator Member, please contact the Executive Office at 703-556-9222 or ask your program's Clerkship Director.*

### COMSEP

6728 Old McLean Village Drive  
McLean, VA 22101

Phone: 703-556-9222 Fax: 703-556-8729

### Coordinator Membership Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_