



International

Corporate Office
Peoria, IL

*Society for
Executive Leadership
in Academic Medicine*

PO Box 72
Jenkintown, PA 19046

P: 215-842-6473
F: 215-842-1041
W: www.selaminternational.org
E: Selam@selaminternational.org

**Board of Directors
(2005-2006)**

Roberta Sonnino, MD
President

Christine Abrass, MD
1st Vice President

Pamela Zarkowski, DDS, JD
2nd Vice President

Mary Lou Voytko, PhD
3rd Vice President

Elisabeth Kunkel, MD
Treasurer

Helen Li, MD
Secretary

Karen West, DDS, MPH
Past President

Wendy Brown, MD, MPH
Director

Angelina Trujillo, MD
Director

Earnestine Willis, MD, MPH
Director

Rosalyn Richman, MA
Director – Ex Officio

Victoria Odhner
SELAM Administrator

Institutional Membership Renewal

The SELAM Institutional Membership level is designed for institutions that wish to demonstrate commitment to the advancement of women in academic medicine and dentistry. This is a wonderful opportunity for an organization to make a statement about its support of the SELAM mission, and to receive the benefits of membership for up to 6 people at the institution. Unlike paying for 6 individual memberships, if faculty move or positions change, the institution can simply name a new person to the membership. This saves initiation fees of \$200 per person for incoming members who take existing membership slots.

You may pay your \$600 renewal fee either through the mail by check, or on our website by credit card <http://selaminternational.org> in the "SELAM store." Regardless of payment method, please return this form letting us know who you would like to have included in your membership for the 2006 year.

Institution Name: _____

Primary member/contact person: _____

Position: _____

Address: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Please list on opposite side of form, the name, position contact info and e-mail address of the 5 additional members for this calendar year. You have the opportunity to change this when you renew membership each year, or by notifying the SELAM office at any time.



International

Corporate Office
Peoria, IL

Designated Member #2

Name _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Designated Member #5

Name _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Designated Member #3

Name _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Designated Member #6

Name _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Designated Member #4

Name _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____