



Bridge Verification Form

Please submit this with your membership application to Info@SMDM.org to verify

For SMDM purposes, any person who does not have access to funding to support membership costs, qualifies as Bridge. This includes research and non-research faculty and other members such as patient stakeholders.

SECTION I – APPLICANT INFORMATION

Have you been an SMDM Bridge Member in the past? Year(s) _____

Applicant's Name (First, MI, Last): _____

Title: _____ Department: _____

University or Institution: _____

Mailing Address: _____

City, State/Province: _____ ZIP/Postal Code: _____ Country: _____

E-mail: _____

SECTION 2 – Affidavit Confirming Need of Financial Support

I hereby certify that I do not have access to funding to support membership costs and, as such, am eligible to become a Bridge Member of the Society for Medical Decision Making. I understand that funds are limited for this support and that I am in need of financial support.

Applicant's Name (First, MI, Last): _____

Signature: _____ Date: _____