****

 **Membership Interest Questionnaire**

Name:

Address:

City: State: Zip Code:

Email:

Work Phone: Fax:

Home Phone: Cell Phone:

Office Manager Name: Office Manager’s Email:

**Please check all roles with NAFP that you are interested in exploring:**

\_\_\_\_\_\_ I am interested in serving on the NAFP board and/or NAFP committees

 NAFP Officer Position

 NAFP Director (3-year term on NAFP Board)

 Committee Member

 NAFP Foundation Trustee (3-year term on Foundation Board)

 AAFP Delegate or Alternate Delegate (2-year term for AAFP Congress of Delegates)

Do you know someone you would recommend for office/committee?

I would like more information about:

**ACLF & NCCL Interests**

**ACLF (Annual Chapter Leader Forum)** is the AAFP’s leadership development program for chapter-elected leaders, aspiring leaders, and chapter staff.

**NCCL (National Conference of Constituency Leaders)** is the AAFP’s forum to address member issues specific to ***women, minorities, new physicians, international medical graduates, and LGBT physicians or advocates.***

The **2018 ACLF-NCCL** meeting will be in **Kansas City, MO on April 26-28, 2018.** Please let us know if you are interested in being considered as the NAFP representative in any of these areas:

 \_\_\_\_ Women physicians

 \_\_\_\_ Minority physicians

 \_\_\_\_ New physicians

 \_\_\_\_ International Medical Graduates

 \_\_\_\_ Lesbian, gay, bisexual, and transgender (LGBT) physicians or physician allies and advocates

**(Questionnaire continued on the backside of this page)**

***Nebraska Academy of Family Physicians mission: “Promoting, supporting and serving our members***

***as they strive to improve the health of all Nebraskans”***

**Please mark each item of interest**

 \_\_\_\_ Family Physician of the Day at the State Legislature

 \_\_\_\_ I would like more information about this program

 \_\_\_\_ Develop a relationship with your State Senator, Congressperson or the Governor for Advocacy
 of Family Medicine
 \_\_\_\_ I would like more information about this program

 \_\_\_\_ AAFP Commissions or Committees

 \_\_\_\_ Please let me know when AAFP information about vacancies on committees is available

 \_\_\_\_ Job posting site on website

 \_\_\_\_ Job posting information in *Cornhusker Family Physician* journal.

**What is your preferred method of receiving communications**

**from NAFP? Please rank in order**

*(1 being the most preferred and 5 being the least preferred)*

 \_\_\_\_ Email

 \_\_\_\_ Email Blast

 \_\_\_\_ *Cornhusker Family Physician* Magazine

 \_\_\_\_ U.S. Postal Mail

 \_\_\_\_ Website

 \_\_\_\_ Social Media

Comments:

**Thank you for taking the time to complete this questionnaire. Please let us know if you have any questions or would like more information on any of the NAFP or Foundation programs.**

**Please return to NAFP Office. If you have questions, call (402) 505-9198.**

**11920 Burt Street, Suite 170, Omaha, NE 68154**

**F: (402) 505-9281 |** **info@nebrafp.org**