



The National Association of Medical Examiners®

15444 Chinnereth Est, Savannah, MO 64485

660-734-1891

Fax: 888-370-4839

Email: name@thename.org

MEMBERSHIP APPLICATION CHECKLIST SUPPORT SYSTEM AFFILIATE

As part of the NAME membership application process, you will be required to upload the following documents:

- ☐ Copy of your current curriculum vitae/resume
- ☐ A signed, recently dated letter of recommendation from a NAME Member or Fellow with whom you work closely is required
- ☐ **IMPORTANT: PLEASE USE YOUR PERSONAL EMAIL FOR YOUR MEMBERSHIP APPLICATION**

Once you have gathered all required documents, please submit your application through our website. If you have any questions or need assistance, feel free to contact us at tsnethen@thename.org or call (816) 244-5160.

We appreciate your interest in becoming a NAME Support System Affiliate and look forward to reviewing your application!