

**Southeastern Fracture Consortium Foundation (SEFC)**  
***Institutional Membership Application January 1-December 31, 2010***



\_\_\_\_\_ **Date of Application**  
\_\_\_\_\_ **Institutional Membership-Annual Fee: \$1,000**

**Check payable to Southeastern Fracture Consortium Foundation.**

**Mail to: Brenda H. Kulp**  
**Executive Director**  
**Southeastern Fracture Consortium Foundation**  
**P.O. Box 571070 Winston-Salem, N.C. 27157-1070**  
**Ph: 336-713-5150 Fax: 336-716-6286**

**Institutional Affiliation:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Individual Member**  **yes**  **no**  
**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_,  
**State** \_\_\_\_\_, **Zip** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Membership Fee Enclosed** \_\_\_\_\_ **Check#** \_\_\_\_\_

**Additional Donation to Foundation** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Donations to OREF Annual Campaign Contribution-designate for SEFC:**  
**[https://secure2.convio.net/oref/site/Donation2?idb=0&1123.donation=form1&df\\_id=1123](https://secure2.convio.net/oref/site/Donation2?idb=0&1123.donation=form1&df_id=1123)**

**Thank you for your application to join the Southeastern Fracture Consortium Foundation.**