

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



\_\_\_\_\_ Date of Application  
\_\_\_\_\_ Initial Individual Membership: \$500.00  
\_\_\_\_\_ Renewal Individual Membership Renewal: \$100.00

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**

Name of Member: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

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.