

S.L.R.S. Member Application

Get started in your journey

Name *

First Name

Last Name

Email *

example@example.com

Phone Number

Please enter a valid phone number.

What chapter are you part of? *

What are your hobbies outside of academics? (100 words) *

0/100

What is your favorite show? (50 words) *

0/50

Are you more interested in primary care specialties or non-primary care specialties? (be honest) (100 words) *

0/100

If your friend is struggling with their classes, how can you help them? (100 words) *

0/100

What is more important to you, having a balanced lifestyle or learning as much as possible about the field of medicine? (100 words) *

0/100

List and explain any experiences you have had with research. (300 words) *

0/300

If you have a researchgate account, link it here.

If you have a linkedin account, link it here

What year of medical school are you in? *

M1

M2

M3

M4

Thank you for your application. If you have other forms to aid your application such as your resume, attach them on the website along with this application form.