

Application for Special Interest Group Formation

Proposed SIG Name:	
Proposed SIG Chair(s):*	
Name	Email address
Short-Term Goals (years 1-2):	
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Long-Term Goals (years 3-5):	

^{*}Any CNOC member affiliated with a CNOC member site may apply to form and chair a SIG. In the case of Co-Chairs, at least one Co-Chair must be affiliated with a CNOC member site, whereas the other Co-Chair can be a non-affiliated CNOC member (Patient/Caregiver member or SIG/Committee-Only member). See the Membership section of the CNOC website (www.cardiacneuro.org) for information on membership types and associated annual dues.

Knowledge, Clinical, Education, Policy and/or Advocacy Gap(s) the SIG Will Address:
Other Relevant Information (optional):
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dues.

termination of the SiG.			
Chair Signature(s) electronic signature acceptable	Date		
·	email to the CNOC Members at Large (for current Members at Large ardiacneuro.org/steering-committee)		
Steering Committee use only			
Date received:			
Date approved:			

The undersigned proposed Chair(s) below has reviewed the CNOC SIG Policies and Procedures and agrees to abide by all SIG Responsibilities. Failure to uphold SIG Responsibilities could result in the

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