



HAWAII SOCIETY OF  
PHYSICAL MEDICINE & REHABILITATION

Application Form for HSPMR Membership

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**Membership Position Requested:**

- Active
- Honorary
- Associate

**Applicant Name:**

**Office Address and Phone Number:**

**Home Address and Phone Number:**

**E-Mail Address:**

**Board Certification(s):**

**Area(s) of Special Interest (i.e., Spinal Cord Injury, Pediatrics, Sports, etc.):**

**Personal Interests:**

**Training:**

- **Medical School:**
- **Residency:**

**PLEASE, MAIL THIS APPLICATION FORM TO:**

Attn: Lisa Uyeoka  
226 North Kuakini Street  
Honolulu, HI 96817