



**FloridaMedical**  
ASSOCIATION  
Helping Physicians Practice Medicine

We encourage you to join your local medical society  
For more information visit [www.fmaonline.org](http://www.fmaonline.org)

**Choose Your Member Category:** (Select only one)

- Active Member:** **\$420**
- Semi-Retired – (up to 20 hrs/week):** **\$200**
- Military/Dept. of Health:** **\$145**
- Out-of-State:** **\$99**
- Senior Member – (Age 70+):** **\$99**

Have questions about your membership category?  
Please contact us at [membership@medone.org](mailto:membership@medone.org) or 800.762.0233.

Please fill out the form and return with your payment to: Florida Medical Association,  
P.O. Box 10269, Tallahassee, FL 32302 or fax (850) 224-6627

**Please complete:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_  Group  Solo Practice

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Florida Medical License Number: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How did you hear about the FMA: \_\_\_\_\_

**Membership qualification:**

Members agree to abide by the AMA Principles of Medical Ethics, the FMA Guidelines for Expert Witness Testimony and the bylaws of the FMA. To assist us in upholding these standards, please provide answers to the following questions, sign and date.

If you answer yes to any of these questions, please attach a complete explanation.

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of fraud or a felony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?  |

I am aware that the information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

The foregoing information is true and complete:  
I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society(ies).

The foregoing information is true and complete and I further understand that by providing the fax number above, I hereby consent to receive faxes sent by or on behalf of the Florida Medical Association (FMA):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The endorsement, deposit or negotiation of an applicant's check does not constitute admission into or acceptance of membership by the CMS or FMA. Checks received will routinely be negotiated and deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a check refunding the amount sent in.

\_\_\_ CHECK MADE PAYABLE TO: Florida Medical Association

\_\_\_ CREDIT CARD PAYMENT: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

In an effort to keep dues low, the FMA has entered into several endorsement agreements with various vendors. As part of the endorsement agreement, the FMA will include advertisements from the vendors on newsletters and other material faxed and emailed to our members. By virtue of your membership in the FMA, you consent to the receipt of these unsolicited advertisements, unless you specifically opt out by notifying the FMA in writing of your desire not to receive any materials via fax or email. Tax Deduction Information for your records, please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result, 20% of your FMA dues for 2010 cannot be deducted as a business expense for income tax purposes. While Association dues are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under the provisions of the Internal Revenue Code.