



Florida Medical Association

MEMBERSHIP APPLICATION

(800) 762-0233 | membership@flmedical.org

Please fill this form out as completely and accurately as possible. Failure to complete this form in its entirety can result in a delay in establishing your account.

Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Specialty: _____ FL Medical Lic#: _____

Medical School: _____ Graduation Date: _____

Current/Most Recent Residency: _____ Begin/End Dates _____

Practice Name: _____

Practice Address: _____

Home Address: _____

DOB: _____ Gender: ☐ Male ☐ Female Previous Surname: _____

FMA MEMBERSHIP TYPES (Please check only one)

☐ Active Physician \$450

☐ Senior Physician \$99

Fully Retired—Retirement Date: _____

☐ Resident or Fellow Complimentary

Must be a Florida-based residency or fellowship program

☐ Associate Physician \$145

Military, VA or government health departments

☐ Out-of-State Physician \$99

☐ Medical Student Complimentary

Must be enrolled in a Florida Medical School, valid for 4 yrs of medical school.



☐ FMA PAC DONATION \$ _____

CHECK MADE PAYABLE TO: Florida Medical Association

1430 Piedmont Dr. E., Tallahassee FL 32308 or join by phone by calling (800) 762-0233, or fax (850) 224-6627

CREDIT CARD PAYMENT: ☐ American Express ☐ Visa ☐ Mastercard

Card #: _____ CSC: _____ Exp. Date: _____

Authorized Signature: _____

Tax Deduction Information: 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, 26 percent of your FMA dues for 2025 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.

Print as PDF

Email as an attachment to membership@flmedical.org
or fax to (850) 224-6627