



MEMBERSHIP APPLICATION

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

Name: _____ FL Medical Lic#: _____

Email: _____ Phone: _____

Specialty: _____

Practice Name: _____

Practice Address: _____

City/State/Zip: _____

Home Address: _____

City/State/Zip: _____

DOB: _____ Gender: Male Female

FMA MEMBERSHIP TYPES (Please check only one)

- Active Physician \$450
- Associate Physician \$145
Military -or- Employed by federal, state, or local government agency
- Out-of-State Physician \$99
- Senior Physician \$99
Fully Retired only
- Resident/Fellow Complimentary
Start & end dates of the resident/fellow program
Must be a Florida-based residency or fellowship program
- Medical Student Complimentary
Must be enrolled in a Florida Medical School.
Dues cover 4 yrs of medical school.

FMA PAC MEMBERSHIP (Optional) FMA PAC \$250

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) 224-6607

CREDIT CARD PAYMENT: Master Card Visa American Express

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, 18 percent of your FMA dues for 2019 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.

Email