



Florida Medical Association

MEMBERSHIP APPLICATION

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

Please fill out this form as completely and accurately as possible. Failure to do so can result in a delay in establishing your account and/or membership.

Name: _____ FL Lic#: _____
First Middle Last Suffix

Specialty: _____ DOB: _____ Gender: ☐ M ☐ F

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

Preferred email address & username

PHYSICAL ADDRESS (AT LEAST ONE ADDRESS REQUIRED)

Practice Name: _____ Practice Address: _____ ☐ Preferred

Home Address: _____ ☐ Preferred

REQUIRED FOR RESIDENT APPLICANTS

Current Training Program (Institution/Practice Name): _____

Specialty: _____ Start Date: _____ End Date: _____

REQUIRED FOR MEDICAL STUDENT APPLICANTS

Medical School: _____ Graduation Date: _____

FMA MEMBERSHIP TYPES (Please check only one)

- | | |
|--|---|
| <input type="checkbox"/> Active Physician \$480
<i>Practicing in Florida</i> | <input type="checkbox"/> Physician Assistant In-State \$180
<i>Practicing in Florida</i> |
| <input type="checkbox"/> Military/Government-employed \$175
<i>Military, VA or health departments</i> | <input type="checkbox"/> Physician Assistant Out-of-State \$129
<i>Florida licensed but practicing in another state</i> |
| <input type="checkbox"/> Out-of-State Physician \$129
<i>Florida licensed (or applying for license) but practicing in another state</i> | <input type="checkbox"/> Resident or Fellow Complimentary
<i>Must be a Florida-based residency or fellowship program</i> |
| <input type="checkbox"/> Senior Physician \$99
<i>Fully Retired—Retirement Date: _____</i> | <input type="checkbox"/> Medical Student Complimentary
<i>Must be enrolled in a Florida-based medical school</i> |

☐ FMA PAC DONATION \$ _____

Total \$ _____

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, 27 percent of your FMA dues for 2026 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.

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