



FAEMSMD



Florida Association of EMS Medical Directors

2008 FAEMSMD Membership Application

Name: _____

Home Address: _____

City/State/ZIP: _____

Office Address: _____

City/State/ZIP: _____

Home Phone: _____ Office Phone: _____

Home FAX: _____ Office FAX: _____

Home Email: _____ Office Email: _____

Preferred Mailing Address Home Office

Medical Specialty: _____

EMS System: _____

EMS Address: _____

EMS City/State/ZIP: _____

Name of City/County Served by Your EMS: _____

If you provide medical direction to additional EMS Systems, please list them below:

Co-Directors: _____

Check One: Active Membership \$300.00 Associate Membership \$100.00

Membership is \$300.00 per year, payable at the first of each year. Associate membership is \$100.00 each. EMS provider system is allowed one full (voting) membership, but any number of associate memberships is allowed. **Please return this form and payment to: FAEMSD – 3717 South Conway Road – Orlando, FL 32812 - Attention: Aliyah Baker.**