

Florida Aero Medical Association

www.florida-air-medical.org

Membership Application

Voting Membership \$100.00 _____
Corporate (non-voting) \$250.00 _____
Individual (non-voting) \$ 25.00 _____

Memberships are due within the first quarter of each year. Please make checks payable to **Florida Aero Medical Association and mail to:*

FAMA C/O Mark Clemens
Holmes Regional Medical Center First Flight
1350 South Hickory Street
Melbourne, Fl 32901

Organization _____ **FL License Number** _____

Street, City, State, Zip Code _____

Telephone _____ **Fax** _____ **e-mail** _____

Medical Director _____ **Telephone** _____

Voting Member _____ **Alternate** _____

Program Data:

Government Agency _____ **Hospital Based** _____ **Private** _____

RW _____ **FW** _____ **Ground** _____

Part 135 _____ **Part 91** _____ **Public Service** _____

Interfacility _____ **Pre-hospital** _____ **Specialty Teams** _____

Adult _____ **Pediatric** _____ **Neonatal** _____ **Other** _____