



**Florida Society of the
American College of Osteopathic
Family Physicians**

1876-B Eider Court • Tallahassee, Florida 32308
 • 866-320-3030 (Toll Free) • 850-531-8385 (Phone)
 • 850-531-8344 (Fax) • info@acofp-fl.org (E-mail)

Application for FSACOFP Membership

Please print or type the information requested below. If additional space is needed to complete this application, please attach a separate sheet to this form.

Full Name _____ Spouse Name _____ Date _____

Date of Birth ____/____/____ Please check preferred mailing address: Professional or Home

Professional Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Professional Telephone _____ Personal Telephone _____ Fax _____

E-mail _____ Website _____

Select the category of Membership you are applying for:
 ___ Active ___ Associate ___ Resident ___ Student ___

If resident or student or resident, Institution:

• Military Service Yes No • Other Memberships: ACOFP ___ AOA ___ ACOFP ___ Other _____

• FL License # _____ • AOA # _____

Education	Name of Institution/ Program	City and State	Degree	Graduation Date	Level of Training (if still in training)

Board Certifications:

Board Name _____ Year Eligible _____ Year Certified _____

Other Board Name _____ Year Eligible _____ Year Certified _____

REFERENCES:

1. _____ Address _____

2. _____ Address _____

Please submit \$125 dues with this application • Residents, Interns, or Students (no charge)

Please Note: Residents and Interns must have signature of MEDICAL DIRECTOR, DME OR ADMINISTRATOR.
 Students must have signature of STUDENT ADVISOR OR CHAPTER OFFICER.

Method of Payment:

Check (payable to FSACOFP)
 Visa MasterCard Amex Discover
 Card Number _____ Exp. Date _____

I hereby make application for membership in the Florida Society of the American College of Osteopathic Family Physicians. Constitution and by-laws and such changes and amendments as may be hereafter by properly adopted, to revocation of membership in the event that any of the statements hereinafter made by me are false.

 SIGNATURE OF APPLICANT

 DATE