MEMBERSHIP APPLICATION AND DUES

 (NEW) Membership Dues $150.00 Renewing Members $125.00

Name: Job Title:

Practice/Company:

Mailing Address: City: State: Zip:

Phone: E-mail:

PAYMENT OPTIONS: Check Enclosed for:

|  |  |
| --- | --- |
| **Payment Methods** | **Payee** |
| ***Zelle*** | thefaaa2001@gmail.com  |
| ***Credit Card*** | Please provide an email address for delivery of the invoice; You will pay this securely online via Chase – all credit cards accepted |
| ***Check\*\**** | FAAA (See address and contact below) |

**Email Address for invoice (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CREDIT CARD PAYMENT**

Send completed membership form to Kelly Dennis at thefaaa2001@gmail.com

**A statement will be sent to you and upon receipt of payment, the credit card statement will read “DB Healthcare Consulting”**

\*\*MAIL CHECKS TO:

Kelly Dennis, Secretary/Treasurer

Florida Anesthesia Administrators Association

P O Box 490447

Leesburg, FL 34749-0447

COMPLETE ONE FORM PER MEMBER

Phone: 352-787-7869

Email: thefaaa2001@gmail.com