



# Florida Chapter of AAEM (FLAAEM) MEMBERSHIP APPLICATION

- New Member
- Renewal (If no address changes required, please complete Name line only.)

First Name MI Last Name Degree (MD/DO)

Institution

Address

City State Zip

Please check which address this is:  Work  Home

Phone Number - Work Phone Number - Home

Fax E-Mail Address

- 1) Have you completed or are you enrolled in an accredited residency in Emergency Medicine?  Yes  No  
 If yes, program: \_\_\_\_\_ If completed, date: \_\_\_\_\_  
 If not completed, expected date of completion: \_\_\_\_\_
- 2) Are you certified by the American Board of Emergency Medicine?  Yes  No  
 If yes, date: \_\_\_\_\_ Type of certification:  EM  Pediatric EM
- 3) Are you certified by the American Osteopathic Board of Emergency Medicine?  Yes  No  
 If yes, date: \_\_\_\_\_

Applicants who are board-certified by ABEM or AOBEM in EM or Pediatric EM are only eligible for Full Voting Membership.

### Membership Fees

- Full Voting Member .....\$100.00  Resident Member .....FREE  
 Associate Member .....\$50.00  Student Member (non-voting).....FREE

### Payment Information

Method of Payment:  check enclosed, made payable to: FLAAEM  VISA  MasterCard

Card Number Expiration Date

Cardholder's Name Cardholder's Signature

**Return this form with payment to: FLAAEM, c/o AAEM 555 East Wells Street Suite 1100, Milwaukee, WI 53202.  
 Fax: 414-276-3349 Phone: 800-884-2236**

All applications for membership are subject to review and approval by the FLAAEM Board of Directors. The Florida State Chapter of the American Academy of Emergency Medicine (FLAAEM) and the American Academy of Emergency Medicine (AAEM) are non-profit professional organizations.

**Our membership and mailing lists are strictly private.**