



(Please check as applicable)

- APPLICATION FOR MEMBERSHIP
- ANNUAL DUES
- CHANGE OF ADDRESS OR MEMBER INFORMATION

Name: _____

Mr. Ms. Dr. (other) _____

U. S. Mail Address:

Phone: _____

FAX: _____

E-Mail: _____

FLAAPM Dues are \$15.00 annually

Total enclosed: \$_____

Please make checks payable to FL-AAPM.

Mail to:

Joseph L. Howley M. S.
FLAAPM Secretary
Medical Physics, Florida Hospital
608 East Al tamonte Drive, suite 3100
Al tamonte Springs, FL 32701

For changes of member address/information, this form may be sent electronically to joseph.howley@flhosp.org