



FLAAPM membership application

(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 \$20.00 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 Altamonte Drive, suite 3100

Altamonte Springs, FL 32701

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