FLORIDA PAIN INITIATIVE

a not-for-profit, tax exempt Florida corporation
www.floridapain.org

INDIVIDUAL MEMBERSHIP APPLICATION

Date: _____

Name and Degree: _____

Title/Position: _____

Organization: _____

Preferred mailing Address: _____

City_____State_____Zip_____

Phone: _____ Fax:_____

E-Mail: _____

I prefer to receive my mail at: (check one) ☐ **Physical mailing address** ☐ **E-mail address**

Please complete and submit form with your membership dues fee.

Regular Membership - $20.00 ☐ New Member ☐

Full Time Student - $5.00 ☐ Renewal ☐

I wish to make a donation to the work of the FPI of $ _____

State individual memberships are for a normal calendar year beginning January 1 of each year. Membership benefits include FPI newsletters and mailings, reduced FPI conference fees, updates on pain legislations, educational materials, and more.

Please indicate if you would be interested in participating in organizational committees of the FPI:

☐ Yes ☐ No

Please make checks payable to: *Florida Pain Initiative*
Please submit this form and dues to: *Florida Pain Initiative*
Attention: ***FPI***
PO Box 410939
Melbourne, fl 32941