Group Annual Membership Application

New Member $150.00

Renewing Members $125.00

Practice/Company­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check Enclosed for (total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Name** | **Email** | **Title** | **New OR Returning** |
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Send completed membership form to Kelly Dennis at [thefaaa2001@gmail.com](mailto:thefaaa2001@gmail.com)

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| **Payments Methods** | **Payee** |
| Zelle | [thefaaa2001@gmail.com](mailto:thefaaa2001@gmail.com) |
| Check | FAAA (See address and contact below) |
| Credit Card | Please provide an email address for delivery of the invoice; You will pay this securely online via Chase – all credit cards accepted. Statements will read “DB Healthcare Consulting” |

\*\*MAIL CHECKS TO:

Florida Anesthesia Administrators Association

c/o Kelly Dennis, Secretary/Treasurer

P O Box 490447

Leesburg, FL 34749-0447

Phone: 352-787-7869

Email: [thefaaa2001@gmail.com](mailto:thefaaa2001@gmail.com)