The Florida Academy of PAIN MEDICINE
Integration & Innovation

Membership Application Fiscal Year 2012

Mission: To pursue a high standard of excellence in the practice of pain medicine; to promote the interests of patients suffering with pain; to enhance the scope and level of knowledge for pain disorders; to enhance physician knowledge in clinical evaluation and treatment of patients with persistent pain disorders through continuing education activities; and to promote a healthy socioeconomic climate conducive to patients suffering from persistent pain so that they receive high quality and specialized medical care.

Mail to: Kenneth E. Webster, Ed.D., Executive Director
P.O. Box 13489, St. Petersburg, FL 33733
Ph. 727-581-4319, Fax 727-581-8537

Please Pay Online

I am a Licensed Physician in good standing. I am enclosing my application fee of $200 via enclosed check or Online as above

Name: _____

Degrees: _____
Please indicate how you would like your name & degrees to appear on documents

Office Address: _____

City: _____ State _____ Zip: _____

Office Phone : _____ Fax: _____

Email (Important!) _____

Primary Speciality _____

Other Areas of Professional Interest _____

Please List Professional Organizations to which you belong: _____ FMA? ☐ Yes ☐ No

_____

_____

Board Certification (s) _____

Date of Birth _____ Sex _____ Spouses Name _____ Home phone: _____

Home Address: _____

PLI Carrier: _____

State (s) in which you are Licensed to Practice Medicine: _____

License Number(s): _____

Visa/Master Card #: _____ Exp Date _____

Signature _____