

Application For Membership

FLORIDA ASSOCIATION OF MEDICAL EXAMINERS

Applicant name:	<i>Surname</i>	<i>Given name</i>	<i>Jr, III, etc</i>
Doctoral degree if any (check or write in):	[] MD [] PhD [] DDS		
Primary medical examiner district of affiliation:	District number: <input style="width: 150px;" type="text"/>		
Duties (check):	[] District medical examiner*	[] Associate medical examiner*	
	[] Toxicology lab in ME office	[] Autopsy assistance	
	[] Admin/clerical	[] Investigation	
	[] Photography	[] Disposal of unclaimed bodies	
	[] Consulting dentist	[] Consulting toxicologist	
	[] Consulting radiologist	[] Consulting physician or dentist, other	
Medical examiners and consultants:	<i>Name of institution conferring doctoral degree:</i>		<i>Year:</i>
	<i>Anatomical pathology or postgraduate training institution:</i>		<i>Year:</i>
	<i>Forensic pathology or other postgraduate training institution:</i>		<i>Year:</i>
Board Certification:	[] Anatomical pathology	[] Forensic pathology	
	[] Clinical pathology	[] other:	
Mailing address:			
Telephone:			
Office e-mail address: <i>This is required; all notices will be by e-mail. FAME mass mailings work better with business servers.</i>			
Signature of applicant:	<i>Signature:</i>		<i>Date:</i>
Signature of sponsor (required of affiliate applicants*):	<i>Signature:</i>		
	<i>Printed name:</i>		
Annual Dues (check one):	[] Active class (<i>medical examiners*</i>) \$25		[] Affiliate class (<i>employees and consultants</i>) \$10

Send your completed application and a check for the amount indicated, payable to Florida Association of Medical Examiners, to:

Michael Bell, MD, Treasurer

Florida Association of Medical Examiners

11650 NW 21st Court

Plantation, Florida 33323

*For the purposes of FAME, the **active membership class** comprises medical examiners who are pathologists and who provide official cause-of-death opinions pursuant to Chapter 406, F.S. Consultants and employees are eligible for **affiliate membership**.

Updated 3 Aug 2010