FLORIDA ASSOCIATION OF MEDICAL EXAMINERS
New Member Application
INVOICE

STEP 1- Applicant Information

_____
Surname Given Name Jr, III, etc

ME District _____ Office E-mail Address _____

Doctoral Degree (if applicable): ____ MD ____PhD ____DO ____ DDS _____ Other

Check applicable:
[ ] District Medical Examiner
[ ] Toxicology Lab (in MEO)
[ ] Investigation
[ ] *Consultant
[ ] Associate Medical Examiner
[ ] Autopsy Assistance / Morgue Staff
[ ] Admin / Clerical
[ ] **Other

_____
* Indicate Consultant's Profession

_____
** If Other, Specify Position

STEP 2- Check the appropriate membership class:

Annual Dues: [ ] Active Class- $50 Medical Examiner [ ] **Affiliate Class- $25 Employees and Consultants [ ] Emeritus- $25 Retired Medical Examiner

STEP 3 - Applicants for **Affiliate Membership (Employees and Consultants) MUST obtain a Medical Examiner Sponsor Signature.

Signature of Applicant: _____ **Date:** _____

Signature of Sponsor: _____

Printed Name of Sponsor: _____

STEP 4- Please consider donating, by separate check, to the Joseph H. Davis, M.D. Scholarship Fund. Any amount is greatly appreciated. Please indicate the amount you wish to donate and send your check to the address below. $_____.

STEP 5- Send COMPLETED application and CHECK for amount indicated made payable to: *Florida Association of Medical Examiners*, to:

Dr. Marta Coburn, FAME Secretary
District 20 Medical Examiner Office
3838 Domestic Avenue
Naples, Florida, 34104