

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 (<i>check or write in</i>):	[] MD [] DO [] PhD [] DDS		
Primary medical examiner district of affiliation:	<i>District number:</i>		
Duties (<i>check</i>):	<input type="checkbox"/> District medical examiner* <input type="checkbox"/> Associate medical examiner* <input type="checkbox"/> Toxicology lab in ME office <input type="checkbox"/> Autopsy assistance <input type="checkbox"/> Admin/clerical <input type="checkbox"/> Investigation <input type="checkbox"/> Photography <input type="checkbox"/> Disposal of unclaimed bodies <input type="checkbox"/> Consulting dentist <input type="checkbox"/> Consulting toxicologist <input type="checkbox"/> Consulting radiologist <input type="checkbox"/> 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:	<input type="checkbox"/> Anatomical pathology <input type="checkbox"/> Forensic pathology <input type="checkbox"/> Clinical pathology <input type="checkbox"/> 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 (<i>required of affiliate applicants</i>):	<i>Signature:</i>		
	<i>Printed name:</i>		
Annual Dues (<i>check one</i>):	<input type="checkbox"/> Active class (<i>medical examiners</i> *) \$25	<input type="checkbox"/> Affiliate class (<i>employees and consultants</i>) \$10	
I am donating \$_____ to the Joseph H. Davis, M.D. Scholarship Fund.			

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

Lee Tormos, M.D., Treasurer
Florida Association of Medical Examiners
3126 Gun Club Road
West Palm Beach, Florida 33406

*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**.