

FLORIDA STATE ORIENTAL MEDICAL ASSOCIATION
Membership Application

Please Choose One Membership Category

Primary Memberships

 Acupuncture Physician \$260

I am a State of Florida Licensed Acupuncture Physician.

 First Year Practitioner \$130

I am a State of Florida Licensed Acupuncture Physician and have practiced for less than 1 year.

 Student of Oriental Medicine \$25

I am a student enrolled in and receiving training at a recognized School of Acupuncture.

Name of School: _____

Supporting Memberships

 General Member \$50

I would like to support the profession of Acupuncture. (Joining this category means you are an individual who does not qualify for any other category of membership.)

 Business Member \$500

I would like to support the profession of Acupuncture, receive special advertising rates and other benefits.

 Allied Health Professional \$200

I would like to support Acupuncture in Florida. My profession is: _____

Name: _____ **License #** _____

E-Mail Address: _____

Mailing Address: _____

County: _____

Business Phone: _____ **Home Phone:** _____

Fax: _____

Were you recruited by a FSOMA member? Yes _____ No _____ If Yes, by whom? _____

I would like to contribute an additional _____ \$100 _____ \$50 _____ \$25 _____ \$ _____ to the Legal Defense Fund. (FSOMA membership not required for contribution to the Legal Defense Fund)

Total Amount Due _____ Check Enclosed _____ Visa _____ MasterCard _____

*Yes / No: I would like my credit card to be billed in two equal monthly installments of \$135.00 each.

*Acupuncture Physicians only. I understand that members using this option do not have full voting privileges (Elections and Bylaws) until both payments are made.

Credit Card # _____ Expiration Date _____

Name on the Card _____ Signature _____

PLEASE MAKE CHECKS PAYABLE TO: FSOMA

Contributions to FSOMA are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments may be deductible as "ordinary and necessary" business expenses subject to restrictions imposed as a result of lobbying activities. The FSOMA estimates that the amount that may NOT be deducted based on allocation to lobbying is 43%.

Mail Application to: P.O. Box 331097, Atlantic Beach, FL 32233-1097
Phone Toll Free 1-800-578-4865, Fax 904-246-9233
Scan in/email to: director@fsoma.com