

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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><i>District number:</i></td> </tr> </table>			<i>District number:</i>	
<i>District number:</i>					
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*):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><i>Signature:</i></td> </tr> <tr> <td style="padding: 2px;"><i>Printed name:</i></td> </tr> </table>			<i>Signature:</i>	<i>Printed name:</i>
<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

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.

Updated 3 Aug 2010