

FLORIDA ASSOCIATION OF MEDICAL EXAMINERS
2024 Membership Renewal

INVOICE

STEP 1- Renew your FAME membership. Choose the membership class that applies to you:

Active member (District and Associate Medical Examiners)	\$50.00	_____
Affiliate member (Employees and Consultants):	\$25.00	_____
Emeritus member: (Retired District or Associate ME who no longer holds statutory appointment)	\$25.00	_____

Member Name

current e-mail address

Medical Examiner District

STEP 2- 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 3- Print this form after you have filled in all requested information.

STEP 4- SEND COMPLETED FORM WITH YOUR CHECK or money order payable to the *Florida Association of Medical Examiners*:

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

Questions concerning payment? Contact Marta Coburn, MD, FAME Secretary or Michelle Correia, at michellecorreia@d20me.net. All notices are by e-mail. You will *not* receive a paper copy of this notice.