



Hardship Fund Application

Requests are accepted throughout the year.

Please return all application forms to:

Email: info@myfmaa.org

Mail: Florida Medical Association Alliance, Inc.
PO Box 1403
Land O Lakes, FL 34639

Date: _____

Name of Applicant: _____

Contact Name (if not applicant): _____

Contact phone # (if not applicant): _____

County: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Fax #: _____

Email Address: _____ @ _____

How much money are you requesting: \$ _____

Describe why funds are being requested: _____

Attach any other items (receipts copies, invoices, etc.) that support your request

Additional Comments: _____
