



**FMAA**  
FLORIDA MEDICAL ASSOCIATION ALLIANCE

**2017 FL Medical Association Alliance Online Mail –In Membership Dues Form**

Florida Medical Association Alliance - \$50  
County Medical Society Alliance - \$\_\_\_\_\_

**To Pay By Check:** Fill-in this form, then mail form and your check payable to Florida Medical Association Alliance to: FMAA P.O. Box 1403, Land O Lakes, FL 34639. If paying county and state dues please see listing below for County Alliance dues rates or contact the FMAA at: [info@myfmaa.org](mailto:info@myfmaa.org) for assistance.

**Alliance Dues:** FMAA: \$50.00 \_\_\_\_\_

County Dues: \$ \_\_\_\_\_

<b>Total Dues Paid: \$</b>
----------------------------

Fill-In Name of County Alliance

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

**Contact Information: (must provide a valid email)**

Home Phone: \_\_\_\_\_ Check here for Preferred:

Cell Phone: \_\_\_\_\_ Check here for Preferred:

**E-mail Required** (ID to login into FMAA account): \_\_\_\_\_

Relationship to Physician: (Place an X to the right of title that best describes)

SELF:	SPOUSE/LIFE PARTNER:	WIDOWED SPOUSE:	DIVORCED SPOUSE:
-------	----------------------	-----------------	------------------

Physician's Name: \_\_\_\_\_

**Visit our website at:** [www.myfmaa.org](http://www.myfmaa.org)

- **Returning Member-1<sup>st</sup> time visiting “new” website:** Click on Login (upper right home page), enter email associated with your membership, click on forgot password and follow the instructions to reset your password. Once into your account, you may update your membership profile, pay dues, sign-up for events, and many other activities.

**Pay By Check:**  Check (check enclosed)  
(No service fees)

**Mail Payment to:**  
Florida Medical Association Alliance  
P.O. Box 1403  
Land O Lakes, FL 34639

FMAA | P.O. Box 1403 | Land O Lakes, FL 34639 | 813.996.0322

For more information visit our website at: [www.myfmaa.org](http://www.myfmaa.org) or email: [info@myfmaa.org](mailto:info@myfmaa.org)



Florida Medical Association Alliance Dues: \$50.00

Below is a list County Medical Society Alliance Dues Rates for Florida.  
Should you not see your county location listed you are then considered an **At Large Member and only FMAA Dues are payable.**

If you are a County Alliance Member and wish to submit just your FMAA State Only Dues

If you are a County Alliance Member and wish to submit for both your FMAA State and your County Alliance Dues, please select the appropriate option from the table below:

<b><u>Membership Level</u></b>	<b><u>State (FMAA)</u></b>	<b><u>County</u></b>	<b><u>County + State (FMAA)</u></b>	<b><u>Addtl Info:</u></b>
FMAA Only	\$50.00	NA	NA	Use this if your county <b>IS</b> listed below and you only wish to remit for State FMAA Dues
At-Large Member	\$50.00	NA	NA	Use this if your county is <b>not</b> listed below
Alachua Alliance	\$50.00	\$50.00	\$100.00	
Capital Alliance	Use FMAA only above	Contact your local Alliance	County Bills for County Memberships	
Collier Alliance	Use FMAA only above	Contact your local Alliance	Billed by the County Alliance	
Dade Alliance	\$50.00	\$20.00	\$70.00	
Duval Alliance	\$50.00	\$30.00	\$80.00	
Hillsborough Alliance	\$50.00	\$45.00	\$95.00	
Lee Alliance	Use FMAA only above	Contact your local Alliance	Billed by the County Alliance	
Orange Alliance	\$50.00	\$25.00	\$75.00	
Palm Beach Alliance	\$50.00	\$30.00	\$80.00	
Sarasota Alliance	\$50.00	\$50.00	\$100.00	
St Johns Alliance	\$50.00	\$35.00	\$85.00	

Please Note: Counties may vary in their dues rates and may offer additional options not provided via the FMAA. Please contact your local county alliance regarding any questions on their county alliance dues.