The Hull Building
2007 Apalachee Parkway
Tallahassee, Florida 32301
Phone: (850) 878-7364
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FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
ASSOCIATE HOSPITAL MEMBERSHIP APPLICATION

FOMA Associate Hospital Membership

INSTRUCTIONS:
Please print or type requested information below. If additional space is needed, please attach to application.

HOSPITAL INFORMATION

DATE: ____________________

HOSPITAL NAME:
____

Please enter the address below that you would prefer to receive FOMA publications and mailings.

☐ HOSPITAL ADDRESS: ____

____

CITY: ____________________ STATE: ____________________ ZIP: ____________________

PHONE: ____________________ FAX: ____________________ EMAIL: ____________________

HOSPITAL WEBSITE ____

PAYMENT INFORMATION

Enclosed is payment in the amount of $ 300.00 for FOMA Hospital membership dues. It is understood that this amount is to be returned if the FOMA Board of Trustees does not approve the application.

PAYMENT (Circle): CHECK/MC/VISA/AMEX CARD #: ____

SIGNATURE: ________________________________ EXPIRATION DATE: ____________ V-CODE: ________

BILLING ADDRESS ____

Mail or fax completed application, with payment to:
FOMA / The Hull Building
2007 Apalachee Parkway
Tallahassee, FL 32301
Fax (850) 942-7538
Visit our website at www.foma.org