



ASSOCIATION DES MÉDECINS HAITIENS À L' ÉTRANGER
ASSOCIATION OF HAITIAN PHYSICIANS ABROAD
FLORIDA CHAPTER

MEMBERSHIP FORM AND DUES

Category of Membership:

Active Retired Resident Student Non-US Licensed Honorary

Personal Information

Last Name	First Name	Middle Initial
Medical School / University		Year of Graduation
Professional Designation (s)	Specialty	Licensure State(s)

Preferred Mailing Address

Street Address	Suite	City	State	Zip Code
Phone		Fax		
E-mail				
Alternate E-mail				

Annual Membership Dues:

- \$250.00/year for Active Members
- \$100.00/year for Retired Physicians
- \$ 50.00/year for Residents, Students, and Non-U.S. Licensed Physicians
- No dues for Honorary Members

Payments are due January 1st of each year.

Make check payable to:

AMHE Florida
P. O. Box 19276
Plantation, FL 33318

Print Name _____ Signature _____ Date _____