

MEMBERSHIP APPLICATION

New Member

Renewal

Fee Enclosed:

- Professional \$20.00
 Student \$10.00 (with proof of enrollment)

NAME: _____

EMPLOYER: _____

JOB TITLE: _____

MAILING ADDRESS: _____

DAYTIME PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

Volunteer Opportunities

We want to use your talents in our organization. Would you be willing to:

- Serve as a committee member
 Contribute an article for the newsletter or journal
 Other _____

Your Professional Input

What kinds of training/continuing education would you like FSHA to provide: _____

Please send completed application and check payable to FSHA to:

Florida School Health Association
PO Box 1972
New Port Richey, FL 34656