

MEMBERSHIP APPLICATION

New Member

Renewal

Fee Enclosed: Professional \$25.00 Student \$15.00

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

c/o 64 Raintree Circle

Palm Coast, FL 32164