

Health Law Section Membership Application

(ITEM# 8131001)



This is a special invitation for you to become a member of the Health Law Section of The Florida Bar. Membership in this section will provide you with stimulating and informative ideas. It will help keep you informed on new developments in the field of Health Law.

As a section member you will meet

with lawyers sharing similar interests and problems and work with them in forwarding the public and professional needs of the Bar.

To join, mail this completed application card with \$30 payment to: **Health Law Section, The Florida Bar, 651 E. Jefferson St., Tallahassee, Florida 32399-2300.**

(Note: The Florida Bar dues structure does not provide for prorated dues. Your Section dues covers the period from July 1 to June 30.)

Name _____

Attorney No. _____

Office Address _____

City/State/Zip _____

Email _____

Phone No. _____

METHOD OF PAYMENT (CHECK ONE)

___ \$30 Check Enclosed (payable to The Florida Bar)

___ Credit Card: Mastercard Visa Discover AMEX

Name on Card: _____

(PLEASE PRINT)

Card Number: _____

Signature: _____

Expiration Date: ____/____