

The Florida Bar

# Application for Affiliate Membership

## Health Law Section

In order to be considered for affiliate membership, individuals must meet the requirements for membership as defined by the bylaws of the Health Law Section. Article III, Section 3.4.1 states:

“Affiliate” or “affiliate member” means any person who practices a profession dealing with health care; including but not limited to physicians, nurses, administrators, allied health practitioners, risk managers, students of any of the foregoing professions, accountants, students currently enrolled in an accredited school of law, law school graduates, in-house corporate counsel not admitted to The Florida Bar, paralegals, legal administrators or other persons who hold positions directly related to health law.”

“Affiliates shall have the privileges accorded to members of the Section except that affiliates shall not vote, hold office, or participate in the selection of officers or members serve in an advisory nonvoting capacity which the Executive Council may from time to time establish in its discretion.”

The dues for affiliate membership are \$50 per individual per fiscal year and student affiliate memberships are \$25 per individual per year. The fiscal year starts July and ends the following June 30.

If you are also interested in subscribing to *The Florida Bar News* or *The Florida Bar Journal*, you may call 1-800-342-8060 for subscription rates.

**To be considered for affiliate membership, please complete the attached application and attach appropriate documentation (i.e. professional licensure certification; letter from school officials certifying status of student or recent graduate, etc.) along with the check, made payable to The Florida Bar in the appropriate amount.**

**The application and check should be mailed to:**

**Health Law Section, The Florida Bar  
651 East Jefferson Street  
Tallahassee, Florida 32399-2300**



# The Florida Bar

## Application for Affiliate Membership

### Health Law Section

(Item# 8131002)



**Attach a check in the appropriate amount, made payable to The Florida Bar. Attach the appropriate documentation showing you meet the requirements of the Section's bylaws for affiliate membership.**

**Full Membership — \$50**

**Student Membership — \$25**

**PLEASE TYPE OR PRINT ALL INFORMATION**

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Business Phone:(        ) \_\_\_\_\_  
 Business Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Professional Speciality(ies) \_\_\_\_\_

Membership in following Professional Organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check below which area you are applying under for affiliate membership:**

Physician       Nurse       Certified Public Accountant  
 Administrator       Allied Health Practitioner       Paralegal  
 Risk Manager       Student of any foregoing professions       Legal Administrator  
 Other position directly related to health care (please identify): \_\_\_\_\_  
 Law Student, identify law school: \_\_\_\_\_  
 Law School Graduate, identify law school: \_\_\_\_\_  
 In-house Corporate Counsel not admitted to The Florida Bar

**What health legal areas most affect you or your profession?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By your signature below, you acknowledge that affiliate membership in the Health Law Section does not constitute membership in The Florida Bar. You agree that you will not, on any documentation (including letterhead or business cards), correspondence or any other form or written or oral communication, represent that you are a member of The Florida Bar or otherwise imply that you are qualified or legally able to represent clients in Florida, or related to Florida law. You further agree that your failure to comply with this restriction will cause your immediate expulsion from the Section and may subject you to other action by The Florida Bar in accordance with laws applicable to the unlicensed practice of law or holding oneself out as qualified to practice law in Florida.**

**You agree to pay, as it becomes due, annual membership fees for Affiliate Membership as established from time to time by the Section, with the approval of The Florida Bar.**

Date \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: Membership in the Section will expire June 30. Dues cannot be prorated.**

PLEASE RETURN YOUR APPLICATION, DOCUMENTATION AND CHECK TO:  
**The Florida Bar, Health Law Section**  
**651 East Jefferson Street**  
**Tallahassee, Florida 32399-2300**  
**Telephone: (850) 561-5624**

**OFFICE USE ONLY**  
**AFFILIATE ASSIGNED: \_\_\_\_\_**