

**MEMBERSHIP APPLICATION**

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| --- |
| Name: |
| Mailing Address:  City:  State: ZIP: |
| E-mail Address: |
| Primary Phone: |
| Employer: |
| Employer Address: City: |
| Work Phone Number: |
| Occupation: |
| Credentials: |
| State Or Local Position: |

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Florida State membership rate $25.00 per year

(one flat rate for all types of membership including retiree, student and affiliate)

To be a member of AAOHN please go to <http://aaohn.org/page/member-application-form>

For **ONLY** Florida State membership: Make Check payable to FSAOHN

Mail application form and check to:

Carson Faris

148 SW 22nd Place

Ocala, FL 34471