



Florida Academy of Pain Medicine

Mission: To pursue a high standard of excellence in the practice of pain medicine; to promote the interests of patients suffering with pain; to enhance the scope and level of knowledge for pain disorders; to enhance physician knowledge in clinical evaluation and treatment of patients with persistent pain disorders through continuing education activities; and to promote a healthy socioeconomic climate conducive to patients suffering from persistent pain so that they receive high quality and specialized medical care.

Membership Application

Mail to: Lorry S. Davis, M.Ed., Executive Director
P.O. Box 330298, Atlantic Beach, FL 32233-0298
Ph. 904 270 8886, Fax 904 246 9233

I am a Licensed Physician in good standing. Please Pay ONLINE

Name: _____

Degrees: _____

Please indicate how you would like your name & degrees to appear on documents

Company/Institution: _____

Office Address: _____

City: _____ State _____ Zip: _____

Office Phone : _____ Fax: _____

Email (Important!) _____

Primary Specialty _____

Secondary Specialty _____

Other Areas of Professional Interest _____

Please List Professional Organizations to which you belong: _____ FMA? Yes NO

Board Certification (s) _____

Date of Birth _____ Sex _____ Spouses Name _____ Home phone: _____

Home Address: _____

PLI Carrier: _____

State (s) in which you are Licensed to Practice Medicine: _____

License Number(s): _____

Signature _____