



The Florida Academy of  
**PAIN MEDICINE**  
Integration & Innovation

**Membership Application 2013**

**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.

Mail to: Kenneth E. Webster, Ed.D., Executive Director  
P.O. Box 13489, St. Petersburg, FL 33733  
Ph. 727-581-4319, Fax 727-581-8537

[Please Pay Online](#)

**I am a Licensed Physician in good standing. I am enclosing my application fee of \$200 via enclosed check or Online as above**

Name: \_\_\_\_\_

Degrees: \_\_\_\_\_

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Company/Institution \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

Office Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

**Email (Important!)** \_\_\_\_\_

Primary Speciality \_\_\_\_\_ 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 \_\_\_\_\_