

佛州中医学会
Florida Acupuncture Association
Application Form for FAA Membership

English Name: Last Name _____ First Name _____

中文姓名 _____ Birthday: _____ Female Male

Business Name _____

Home Address _____

Phone No: Office: (_____) _____ - _____ Home: (_____) _____ - _____

Cell: (_____) _____ - _____

E-Mail Address: _____ (Please print Clear)_

Florida License No.: _____ Currently Practicing: Yes No

New Member

Renewing Membership

Your Position: Owner Employee Other

Please briefly describe your professional career (including educational background, degree, and specialties.) We would like to know if you are willing to share and teach CEU courses with your expertise. 可用中文 (Optional)

Membership Fee: Already Paid Included (see below)

Please completed application form and with a \$150.00 check for annual membership fee (make check payable to: Florida Acupuncture Association, Inc) and mail it to: Dr. Christina Huang
628 East Colonial Drive, Orlando , FL 32803 Tele: (407) 353-9555