

FCPA

Florida Cleft Palate-Craniofacial Association, Inc.

6300 Sagewood Drive Park City, UT 84098

T: 435-602-1329 ; E: kpalmer@hdplanit.com W: <http://www.floridacleft.org> ; F: 435-487-2011

2019 Membership Application

Name: _____
 First Middle Last

Check one: Dr. Mr. Mrs. Ms. Other(Specify)_____

Mailing Address: _____
 Number, Street, Suite, Apt., Etc.

Telephone: Personal (____) - _____ Office (____) - _____ Fax: (____) - _____

E-Mail: _____ WWW Web Site: _____

Area(s) of Specialization (please check any that apply):

<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	General Dentistry	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Under-Graduate	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Oral Surgery	<input type="checkbox"/>	Plastic/Reconstructive Surgery	<input type="checkbox"/>	Post Grad/Fellow/Resident	<input type="checkbox"/>	Speech/Language Pathology
<input type="checkbox"/>	Pediatric Dentistry	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Research
<input type="checkbox"/>	Prosthodontics	<input type="checkbox"/>		<input type="checkbox"/>	Genetics	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>		<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Education: Institution and Location: _____

 Degree(s) & Date(s) conferred: _____

Certificate and Licenses (relevant to Association Concerns):

 Issuing Organization, Date and Title or Name of Certificate/License (attach curriculum vita for additional listings).

Geographic Location and Practice: _____

Signature: _____ Date: _____

Note: This application should be completed and submitted to the chairperson of the membership committee at the above association address. Include a check for payment of the first year’s dues (check made payable to the Florida Cleft Palate Craniofacial Association, Inc. Membership runs from January 1 through December 31, 2019, Professional dues \$135; Full-Time post-graduate student/fellow/CFY/ Resident: \$35.00, with recommendation from the department head; Full time under-graduate: free, with recommendation from department head. Parent membership: \$75