

# Application for FIDS Membership and Dues- 2009

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print clearly or type)

Degree (check all that apply): \_\_ MD \_\_ PhD \_\_ DO \_\_ PharmD \_\_ Dsci \_\_\_\_\_ Other

Job Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**\*\*PLEASE READ THE ATTACHED SHEET FOR DETAILS ON MEMBERSHIP CATEGORIES**

I am applying for the following membership category (check one):

**Member-in-training (Dues none)** Include your training dates & required signature.

Date training began: \_\_\_\_\_ Date training will end: \_\_\_\_\_

Name of Hospital or School: \_\_\_\_\_

Program Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Director's e-mail, telephone number or fax: \_\_\_\_\_

**New Member (Dues \$75)**

Include the required nominating signature, your curriculum vitae and your dues payment of \$75 made payable to **Florida Infectious Disease Society**

Name of Nominating

FIDS Member \_\_\_\_\_ Signature: \_\_\_\_\_

(The nomination must be by someone who is currently a member of FIDS.  
You cannot nominate yourself.)

**Associate Member (Dues \$75)**

Include your dues payment of \$75 made payable to **Florida Infectious Disease Society**

**Established Member (Dues \$75 -annual assessment)**

Include your dues payment of \$75 made payable to **Florida Infectious Disease Society**

Yes  No **\*\*Is CME accreditation essential to your attending the annual meeting.**

Mail this form and your payment to: Elaine Haley, Administrative Secretary, FIDS  
3209 Tealwood Terrace, Deltona, FL 32725