



FSHA MEMBERSHIP APPLICATION

New Member

Renewal

Fee Enclosed: Professional \$40.00 Organization \$120.00 Student \$25.00

NAME: _____

EMPLOYER: _____

JOB TITLE: _____

MAILING ADDRESS: _____

DAYTIME PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

Volunteer Opportunities

We want to use your talents in our organization. Would you be willing to:

- Serve as a committee member
- Contribute an article for the newsletter or journal
- Other _____

Your Professional Input

What kinds of training/continuing education would you like FSHA to provide: _____

Please send completed application and check payable to FSHA to:

Florida School Health Association

3501-B N. Ponce De Leon Blvd.

#123

St. Augustine, FL 32084