



Florida Society of Reproductive Endocrinology and Infertility

Florida Society of Reproductive
Endocrinology and Infertility
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Jacksonville, FL 32216
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www.fsrei.org

FSREI Membership Application

Benefits of Florida Society of Reproductive Endocrinology and Infertility Membership

- Discounted rates on annual meeting registration fees
- Scholarship opportunities for nurses and embryologists to attend the annual meeting at a reduced rate
- Quarterly E-newsletter
- Inclusion in and access to the FSREI professional and patient membership directory
- Member only access to audio and slides from the annual meeting
- Notifications through mailings, eblasts and faxes about the annual meeting, breaking news and more

Membership Categories—Select membership in which you are applying for.

Active-\$100 Active members shall be doctors of medicine or osteopathy who include reproductive endocrinology and infertility in their practice and demonstrate active and particular interest in this medical subspecialty. Active members must be certified by the American Board of Obstetrics and Gynecology (ABOG) or by the American Board of Osteopathy (ABO) and shall be entitled to hold office and vote. Active members must have completed a Fellowship in reproductive endocrinology and infertility approved by ABOG.

Affiliate-\$50 Affiliate members include all healthcare professionals who do not meet the qualifications for Active Membership but have an interest in reproductive endocrinology and infertility; can demonstrate that the practice of reproductive endocrinology and infertility are their primary areas of practice; and have a current license to practice in Florida.

Nurse Embryologist Psychologist Other MD/DO _____ Other _____

Applications cannot be reviewed unless all information below is complete.

First Name _____ Last Name _____ Degree _____

Date of Birth _____ License # _____ Title _____

Practice/Organization Name _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Are you a member of ACOG? Yes No Are you certified by the ABO? Yes No Are you certified by ABOG? Yes No

ACOG ID# _____ If yes, year certified? _____ If yes, year certified? _____

I attest that the above information is true and correct to the best of my knowledge and hereby authorize the Florida Society of Reproductive Endocrinology and Infertility to obtain educational transcripts and verification of professional activities including associations and employment.

Signature: _____ Date: _____

<p>Membership Dues (1-year)</p> <p><input type="checkbox"/> Active.....\$100</p> <p><input type="checkbox"/> Affiliate.....\$50</p> <p>Application Fee\$25</p> <p>Total Charges \$ _____</p>	<p>Method of Payment</p> <p><input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex</p> <p>Amount: \$ _____ CC# _____ Exp. Date _____</p> <p>Name on Card: _____</p> <p>Signature _____</p>
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