



Florida Society of Reproductive Endocrinology and Infertility

Florida Society of Reproductive Endocrinology and Infertility  
6816 Southpoint Parkway, Suite 1000  
Jacksonville, FL 32216  
P: 904-309-6245  
www.fsrei.org

## FSREI Membership Application

### Benefits of Florida Society of Reproductive Endocrinology and Infertility Membership

- Discounted rates on annual meeting registration fees
- 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 and eblasts 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: \_\_\_\_\_

#### Membership Dues (1-year)

Active.....\$100

Affiliate.....\$50

Application Fee .....\$25

**Total Charges** ..... \$ \_\_\_\_\_

#### Method of Payment

Check # \_\_\_\_\_    Visa    MasterCard    Amex

Amount: \$ \_\_\_\_\_ CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature \_\_\_\_\_