



**Broward
County
Medical
Association**

ESTABLISHED 1926

Broward County Medical Association

5101 NW 21st Ave #450

Ft. Lauderdale, FL 33309

Phone: 954-714-9772 ~ Fax: 954-714-9289

Email: cpeterson@bcma.com ~ Website: www.BCMA.com



MEMBERSHIP APPLICATION PHYSICIAN ASSISTANTS

APPLICANT INFORMATION

		Today's Date
Name (First Middle Last):		
Degree/Certificate Designation (after name):		
Home Mailing Address 1:		
Home Mailing Address 2:		
City:	State:	ZIP Code:
Home Phone Number:		Home Fax:
Preferred E-mail:		Secondary E-mail:
Gender: Male / Female <i>(Please circle)</i>	Date of Birth:	Languages Spoken:

PROFESSIONAL INFORMATION

Florida PA License Number:	NCCPA Certification Number:
Are you a member of FAPA? Yes / No <i>(Please circle)</i>	Are you a member of AAPA? Yes / No <i>(Please circle)</i>
Are you a member of any PA specialty organization? Yes / No <i>(Please circle)</i>	If so, which?
PA School Attended:	Year of Graduation:

PRACTICE INFORMATION		
Practice Name:		
Practice Address 1:		
Practice Address 2:		
City:	State:	ZIP Code:
Specialty of Practice:	Type of Practice: <i>(Please circle)</i> Solo / Group / Academic / Government / Hospital	
* Official Supervising Physician:	Number of Physicians in Practice:	
Practice Main Phone:	Business Fax:	
Direct Line:	Cell Phone:	
MEMBERSHIP INFORMATION		
Would you like to be listed in our Online Membership Directory? (when available) Yes / No <i>(Please circle)</i>		
* I prefer BCMA information sent to my <u>Fax#</u> or <u>Email</u> shown below:		
* Name of Sponsoring Physician: (must be a BCMA member)		
3/16/11		

Thank you for joining the BCMA. We look forward to working with you.

PA Membership Dues are \$100 for Affiliate membership.
Please mail application and payment to BCMA.

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