



(561) 402-7149  
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## Contact Update / Membership Application & Renewal Form

Welcome to the 2022-23 season which promises to be exciting, informative and entertaining! To be assured of membership, please submit your renewal payment of \$125 by September 15, 2022.

Member Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

### **LOCAL ADDRESS**

Florida Resident: All Year  High Season

Florida Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **ALTERNATE ADDRESS**

Alternate Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical School \_\_\_\_\_ Internship \_\_\_\_\_

Specialty\* \_\_\_\_\_ Residency \_\_\_\_\_

Type of Practice \_\_\_\_\_ Fellowship \_\_\_\_\_

Former Place of Practice\* \_\_\_\_\_ Other \_\_\_\_\_

Past membership in medical associations: \_\_\_\_\_

Served as an Officer or Committee Member in Medical Associations: Yes  \_\_\_\_\_

Willing to serve on committees of Retired Physician Association? Yes  \_\_\_\_\_

Special interests for topics, programs, and activities for the Retired Physicians Association: \_\_\_\_\_

Please make your selection by checking the box/boxes below and totaling the amounts on the space provided. Doing so will assist the administrative department in processing your renewal in a timely fashion.

Dues Renewal \$125 \$ \_\_\_\_\_

Welcome Back Dinner (\$75 couple / \$40 individual) \$ \_\_\_\_\_ (optional)

**Enclosed is my check in the amount of: \$ \_\_\_\_\_ TOTAL**

Mail this completed form and check made payable to RPASWFL to:

**RPASWFL  
P.O. BOX 111795  
Naples, FL 34108**