|  |
| --- |
| **JOIN DOHCAF!!!** |
| **Dominican Health Care Association of Florida, Inc.****P.O. Box 145255, Coral Gables, FL 33114****+1-305-582-5794 · daisy@dohcaf.org** | **MEMBERSHIP APPLICATION** |
| **NAME** | Last Name (or Company Name) | First | Initial |
| **SPOUSE NAME** |  | **Referred by:** |
| **CREDENTIALS** | \_\_\_\_MD \_\_\_\_DO \_\_\_\_DDS \_\_\_\_Not Applicable \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SPECIALTY:** |
| **ADDRESS:** | STREET ADDRESS | **OFFICE #:** |
|  | **FAX #:** |
| CITY | **CEL #:** |
| STATE | ZIP | **E-MAIL:** |
| **GRADUATE or MEDICAL SCHOOL:** |  | **YEAR GRADUATED:** |
| **We would like for you to be an active member of our organization. Please let us know how you would like to be involved:** | * Advisory Committee (various elective positions available)
* Educational Presenter
* Volunteer
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Membership Level** (Please circle one) | **MEMBER** | **AFFILIATE** | **MEDICAL STUDENT** | **GENERAL PUBLIC** |
| MD, DO’s, and Dentists (***DCMA membership not applicable for Dentists***)  | RN, PA’s, FMG, and all other health care professionals.  | Must present valid ID  | Anyone with an interest in supporting the organization |
| **$200****06/01/2020-12/31/2021** | **$100 per year****06/01/2020-12/31/2021** | **$50** **06/01/2020-12/31/2021** | **$300 per year****06/01/2020-12/31/2021** |
| **Mail application along with dues to:** | **Dominican Health Care Association of Florida, Inc. (DOHCAF)**P.O. Box 145255, Coral Gables, FL 33114or scan and e-mail to daisy@dohcaf.org |
| **Form of Payment** | **Check** | **Credit Card** |
| **Check # \_\_\_\_\_\_\_\_\_****Amount $ \_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_** | * Visa
* Master Card
* American Express
* Discover
 | Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_ CVV# \_\_\_\_\_\_\_\_\_Name on the card if different from registration name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SIGNATURE** |  |
| [**www.dohcaf.org**](http://www.dohcaf.org) **The Dominican Health Care Association of Florida is also on FB and Instagram!** [**@DOHCAF**](https://www.dohcaf.org) |

*All proceeds will benefit the Dominican Health Care Association of Florida, Inc. (DOHCAF), a 501(c)(3) Non Profit Corporation, Tax ID# 27-4582689, and its Mission to advance and promote the efforts of Health Care Professionals who embrace and support causes favorable to the Dominican community. A portion of your membership, ticket and/or sponsorship may be tax deductible. Consult your tax professional for final determination.* *DOHCAF is registered to solicit contributions with the State of Florida. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free (800) 435-7352. Registration does not imply endorsement, approval or recommendation by the State.*