
We invite you to become a member of the Florida Society for Rehabilitation.

You will learn more, enhance your professional life, meet new colleagues, share ideas, and strengthen your position within the field.



Corporate Office
306 East College Avenue
Tallahassee, FL 32301-1522
(850) 222-9800 Fax: (850) 561-6230

Regional Office
307 Park Lake Circle
Orlando, FL 32803
(407) 841-6230 Fax: (407) 422-5948

Washington, DC Office
444 N. Capitol Street, NW, #532
Washington, DC 20001
(202) 434-4848 Fax: (202) 434-4846

www.fha.org
www.FLHealthjobs.com

Membership Application



MISSION

The mission of FSR is to enhance the performance of members by:

Providing a forum for the exchange of information regarding the rehabilitation through networking, communications, advocacy and education.

FSR carries out its mission by:

- Providing channels of communications to address emerging concerns in rehabilitation, discuss current topics affecting delivery of service, allied health professional issues, influence and respond to legislative and regulatory developments, and provide resources for education.
- Serving as a statewide resource to the Florida healthcare field through the collective knowledge, resources, and skills of the membership.
- Providing opportunities to advance the field of rehabilitation networking.
- Influence and respond to legislative, regulatory, and reimbursement issues impacting rehabilitation.

MEMBERSHIP

Membership is offered to employees of hospital-based acute rehabilitation and outpatient rehabilitation services.

Join today by filling out the form provided and sending it to the Florida Hospital Association, P.O. Box 531107, Orlando, FL 32853-1107.

Professional membership is personal and non-transferrable.

BENEFITS

- * Society news focusing on current rehabilitation issues.
- * Quarterly society meetings.
- * Weekly FHALink e-mail news.
- * A voice in legislative issues.
- * Opportunities for networking.
- * Online meeting/educational calendar.
- * Members-only listserv.
- * Discounts on educational programs.
- * Discounts on data reports.
- * Membership Directory.
- * Access to FHA's Web page.

FSR Membership Application

Date: _____

___Mr. ___Mrs. ___Ms. ___Dr. ___Other

Name

Title

Organization

Street Address

Mailing Address

City State Zip

Telephone Fax

E-mail Address (*mandatory for receiving news*)

Please choose your username and password below:

FHALink username_____

Password _____

Dues Schedule:

Member (*Hospital is FHA Member*) \$95 Annually
Non-Affiliate (*non-members of FHA*) \$360 Annually

****PAYMENT MUST ACCOMPANY APPLICATION****

___ Check is enclosed for \$ _____
___ Charge my dues to ___ Visa ___ Mastercard
Amount \$ _____ Card # _____
Print name _____
(<i>as appears on card</i>)
Signature _____ Exp. Date _____

Mail or Fax to: Florida Hospital Association
Attn: Professional Membership
P.O. Box 531107
Orlando, FL 32853-1107
Fax: 407/423-4648