



The Florida Association of Surgical Assistants unites Certified Surgical First Assistants statewide to work on important professional and public issues relating to surgery.

Membership Application

Please Print

LAST NAME _____ MI _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ HOME PHONE (____) _____ ALTERNATE PHONE (____) _____

E-MAIL _____ CERTIFICATION # _____

Check here if you would like to be added to an email list to receive updates of upcoming events and legislative issues.

PLEASE CHECK THE APPROPRIATE BOX FOR MEMBERSHIP:

Member: \$100 for 1 year (Certified Surgical First Assistants)

CST/CFA CSA SA-C *Certification must be current. Enter certification number above.*

Associate Member: \$100 for 1 year

An Associate Member is one who practices as a first assistant but does not have one of the three credentials listed above.

Affiliate Member: \$100 for 1 year

An Affiliate Member includes Employers or Manufactures/Sales Rep of health related companies, Schools, Instructors.

Retired/Disabled Member: \$80 for 1 year

Must include proof that you are over the age of 65. Disabled must include proof of permanent disability.

Membership dues are not limited to the amounts listed above.

Please feel free to donate to the FASA

SIGNATURE _____ DATE _____

PLEASE MAIL CHECK OR MONEY ORDER TO:

FLORIDA ASSOCIATION OF SURGICAL ASSISTANTS, INC.
PO BOX 14254
TALLAHASSEE, FLORIDA 32317-4254

Please Allow 4-6 Weeks For Receipt of Your FASA Membership Card & Member Log-In Data