



JACKSONVILLE AREA
MICROBIOLOGY SOCIETY

Registration for Continuing Education Credit:

**Membership from: September, 2018 to May, 2019.
(CHECK ONLY, NO CASH accepted)**

DUES: ___ \$25.00 (If paid by 12/31/2018)

___ \$30.00 (If paid after 12/31/2018)

CHECK NUMBER: _____

Make check payable to "JAM"

Name _____

Street Address _____

City, State/ZIP _____

Phone Home _____

Phone Work _____

Email address _____

IF THIS IS A NEW EMAIL PLEASE CHECK HERE ()

FL LICENSE # _____

Signature _____