



SAMPAC Membership Application

Physician Membership __\$100

Spouse Membership __\$100

Business Contribution __\$500

Full Name/Business Name: _____ Business/Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Occupation: _____ Employer: _____

CREDIT CARD PAYMENT

Credit Card: __ Discover __ Mastercard __ Visa (3 digit code on back of card): _____ Exp. Date: _____

Card Number: _____

Complete billing address on statement: _____

Authorized Signature: _____

CHECKS MADE PAYABLE TO: SAMPAC

Please return to: SAMPAC – 8437 Tuttle Avenue, Suite 137, Sarasota, FL 34243