



2017 MEMBERSHIP APPLICATION FLORIDA SOCIETY OF CANNABIS PHYSICIANS

MEMBERSHIP BENEFITS

FLSCP members receive the benefit of being included on FLSCP's e-mail distribution list. E-mails will be sent to members providing updates as to the latest developments involving Amendment 2, as well as FLSCP's lobbying efforts.

Other membership benefits include invitations to attend all FLSCP-hosted events and direct access to our team of lobbyists and attorneys for general advice and direction related to Florida's developing medical marijuana laws.

PAYMENT OPTIONS (1yr membership)

\$500 (1 time payment)

\$500 = \$125 / quarter

2017 FLSCP Pledge

I, _____, would like to apply to become a member of the **Florida Society of Cannabis Physicians** and pledge \$ _____ to FLSCP's 2017 legislative efforts.

Is this contribution on behalf of a business? Yes No

Business Name: _____

Individual Name: (If business, choose one representative) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Employer: _____ Occupation: _____

Payment: Check Webpay Credit Card

Card Type: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Signature: _____ CVV: _____

CHECKS MUST BE MADE PAYABLE TO:

Mail to:

Florida Society of Cannabis Physicians
Keith Bell, Esq.
106 E. College Avenue, Suite 600
Tallahassee, Florida 32301

For more information, contact:

keith@flscp.org