

FinanFMA-REHAB
FINANCIAL MANAGERS ASSOCIATION OF REHAB AGENCIES
CENTRAL REGION

MEMBERSHIP RENEWAL FORM and INVOICE

Note 1: Danielle Ambrose is the FMA Central Treasurer.

Note 2: This membership form and dues notice is for membership year that runs from July 2015 through June 2016. Please respond to this notice so that your agency will be included on the 2015-2016 Membership List, and will be granted access to the members section of the FMA website.

INVOICE DATE: **June 19, 2015**

AMOUNT FOR: **\$ 250.00**

PLEASE MAKE CHECKS PAYABLE TO: **FINANCIAL MANAGERS ASSOCIATION**

FORWARD CHECKS TO: **FMA
C/O DANIELLE AMBROSE
E. JOHN GAVRAS CENTER
182 NORTH SREET
AUBURN, NY 13021**

Please complete the following and **return a copy with your agency check** in the amount of \$250.00. (**Please Print** the information as you would like it to appear on the Membership List. We utilize email to communicate so please include your email address.)

Contact Name / Title (s): _____

Agency Name: _____

Agency Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

Agency Executive Director Name: _____

Agency Executive Director Email: _____

We welcome your input. Do you have a suggested speaker or meeting topic? _____

The FMA Website (www.fmarehab.org) is back! Thank you for your support and involvement!