

Florida Association of Enterostomal Therapy

Membership Application/Renewal Form Year _____

Please complete or update all areas: Please print clearly in order to complete your directory information; **email all updates in contact information to membership chairman**

Date: _____

Please circle: New or

Renewal

Name: _____

INDICATE YOUR PREFERRED EMAIL BY A STAR: to receive email newsletter, please keep updated

Telephone:

Home _____

Work _____

E-mail:

Home _____

Work: _____

Employer: _____

Are you able to take referrals from around the state or country? YES, NO,

Comments _____

WOC/ET School attended:

Year graduated from WOC/ET program _____

Please circle current credentials: Wound Ostomy Continence ARNP

Other _____

License number and state (to assist with contact hours)

RN _____ ARNP _____

Please attach \$20.00 check for annual dues for January-December, payable to FAET, and

Snail Mail to treasurer: (further info re use of paypal to come in online newsletter)

Kathy Kwiatkowski 198 Benjamin Drive, Ormond Beach, FL 32176

Please copy and share applications with fellow colleagues or anyone interested in our specialties.

For more information: refer to organization web site www.faet.org for membership list, "Join Now" / "current members" / user ID is FAET and Password is fistula.