



Fellowship Application Payment Form

Call: 804-897-5701 **Mail:** Medical Fitness Association
Fax: 804-897-5704 1905 Huguenot Road, Suite 203
 Richmond, VA 23235

Fellowship provides a mean to recognize excellence, innovation and significant contributions to the medical fitness industry, and leadership in the Medical Fitness Association.

Please use this form if you would like to pay by check or credit card. *Do not email this form with credit card information.*

PAYMENT ENCLOSED \$ 50.00

Purchase Orders Not Accepted.

Name on credit card: _____ Title: _____

Facility/Company: _____ Email Address: _____

Billing Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

All Major Credit Cards Accepted _____ Card Number _____ CVV Code _____
Expiration Date _____ Signature _____

Once payment and your application are received, you will receive receipt confirmation within 48 hours.

www.medicalfitness.org admin@medicalfitness.org 804-897-5701 Tax ID # 36-4259889

Please note: Application fees are non-refundable

The Time For a New Normal is Now!



"Moving Medical Fitness Forward"