



2560 RCA Blvd., Suite 106
Palm Beach Gardens, FL 33410
(FAX: (561) 627-2204
email: sbfd@bellsouth.net

BRS-FD Annual Membership Form

To maintain your BRS-FD, please complete the following information. Mail this contact information along with your check payable to "SBFD" for the amount of \$70.00 (US) for your annual renewal fee. Failure to return this completed form with payment within 30 days of the due date will result in a \$25.00 (US) late fee. Failure to return this completed form with payment within 90 days will result in the loss of your BRS-FD status and your name will be removed from the SBFD website.

PLEASE PRINT CLEARLY OR TYPE THE FOLLOWING:

Name _____

Professional Address

Org _____

Street _____

Suite/Floor _____

City/State/Zip _____

Phone _____ **Ext** _____

Professional Email _____

Professional Web site _____

I attest that I will obtain a **minimum of 300 clock hours** of active involvement in clinical management activities with individuals who stutter over my 3 year renewal period. These activities are broadly defined and include diagnosis, treatment, clinical supervision, referrals, consulting, treatment maintenance activities.

Signature _____

Date _____

Fax # _____