ASPMA MEMBERSHIP APPLICATION

Name: _____
Name Wanted On Pin:_____
Podiatrist Name: _____ APMA#: _____
Office Name: _____
Address:_____
City: _____ State: _____ ZIP: _____
Phone: (____)_____ Fax: (_____)_____
Employed: _____Years _____ Months
Duties: _____Clinical _____ Administrative _____ Both
Home Address:_____
_____
Email Address:_____
How Did You Hear of ASPMA?:_____

APPLICANT MUST BE EMPLOYED BY A DOCTOR WHO IS A MEMBER IN GOOD STANDING OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION.

Application fee of $90.00 must accompany this form. Checks should be made payable to ASPMA. This covers the initial cost of society pin, name badge, certificate and current year dues. For assistants joining in August or after, the initial dues will cover the remainder of the year and the following year.

Send Completed Form and Dues To:
Karen M. Keathley, PMAC
1616 North 78th Court
Elmwood Park, IL 60707-3548
Phone #: 708-715-0071

If you have questions, please email Karen at KARENPMAC@aol.com

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(DO NOT FILL IN)
_____WL, GSC., C., J., M.
_____ N.E.
Check #_____ Date Received _____ Amount _____