



American Podiatric Medical Association

Website: www.apma.org
E-mail: membership_ask_apma@apma.org
Tel: 800-ASK-APMA
Fax: 301-530-2752

APPLICATION FOR MEMBERSHIP AS A POST GRADUATE MEMBER

I hereby apply for membership in the component association and to the American Podiatric Medical Association (APMA). If elected, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulations of my component association and the APMA. I understand that no one has an automatic right to be elected to membership in this voluntary organization.

Please type or print clearly.

Last Name _____ First _____ Middle _____

Previous Last Name (changed due to marriage, divorce, etc.) _____ Nickname _____

Home Address: _____ City _____ State _____ Zip _____

Telephone: () _____ Home e-mail: _____

EDUCATION

Podiatric Medical Degree

Check College: Arizona Barry California-Samuel Merritt California-Western Des Moines New York Ohio Scholl Temple
Year of Graduation _____

Fellowship Residency I did not place in a post graduate training program but I still would like membership at no fee Other _____

Postgraduate Education

Post Graduate Program Name: _____

Program Address: _____ City _____ State _____ Zip _____

Telephone: () _____ Fax: () _____ Office e-mail: _____

Program type (PMS36, etc.) _____ Begin Date _____ / _____ Projected Completion Date _____ / _____

Applicant Signature: _____, DPM Date: _____

National membership to all DPMs in a post graduate program is provided at no charge!

- Fully complete this abbreviated membership application. An incomplete application will delay processing.
- Mail or fax the completed application to APMA. If mailing, the postage is pre-paid for your convenience.
- As dual membership with the state component is required, APMA will forward a copy of your application to the appropriate state component.