

**BELOW ARE THE STEPS FOR OBTAINING APMA AND COMPONENT MEMBERSHIP FOR DPMS WITHIN THE UNITED STATES (NOT CURRENTLY IN A POSTGRADUATE PROGRAM).**

1. LOCATE THE APPROPRIATE COMPONENT CONTACT INFORMATION BY GOING TO [www.apma.org/statecomponents](http://www.apma.org/statecomponents). CONTACT THE COMPONENT SOCIETY WHERE YOUR PRIMARY PRACTICE IS LOCATED. THEY WILL PROVIDE YOU WITH DETAILS REGARDING ANY ADDITIONAL DOCUMENTATION TO SUBMIT AS WELL AS REQUIRED DUES PAYMENT.
2. PRINT THE BELOW MEMBERSHIP APPLICATION.
3. COMPLETE THE APPLICATION AND MAIL DIRECTLY TO THE APPROPRIATE COMPONENT ALONG WITH ANY ADDITIONAL DOCUMENTATION REQUIRED. EXAMPLES OF ADDITIONAL DOCUMENTATION MAY INCLUDE A COPIES OF YOUR STATE LICENSES, STATIONERY, BUSINESS CARD, ETC. REMEMBER TO INCLUDE YOUR COMPONENT AND NATIONAL DUES.
4. UPON RECEIPT YOUR COMPONENT WILL COMPLETE PROCESSING TO ACTIVATE YOUR MEMBERSHIP. YOUR COMPONENT WILL FORWARD APPROPRIATE DOCUMENTATION AND DUES PAYMENT TO APMA AND YOU WILL BEGIN TO RECEIVE APMA MEMBER BENEFITS.
5. IF YOU HAVE ANY QUESTIONS, CALL THE APMA MEMBERSHIP SERVICES DEPARTMENT AT 1-800-ASK-APMA.

**Web site:** [www.apma.org](http://www.apma.org)  
**E-mail:** [membership\\_ask\\_apma@apma.org](mailto:membership_ask_apma@apma.org)  
**1-800-ASK-APMA**

## **Application for Membership**

I hereby apply for membership in the component association of the state in which I have my principal practice 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.**

Attach additional sheet  
of paper if needed.

Birth date, gender,  
and ethnic group  
are requested for  
statistical purposes.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Previous Last Name (Changed due to marriage, divorce, etc.) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nickname \_\_\_\_\_

Social Security No. (Optional): \_\_\_\_\_ Gender:  M  F

Ethnic Group (for demographic use only):  White  African American  Hispanic  American Indian  
 Asian/Pacific  Other \_\_\_\_\_

Spouse's Name \_\_\_\_\_ US Citizen (Optional):  Yes  No

**Complete all  
addresses below.**

Please note your preferred  
mailing address by placing a  
check mark in the box to the  
left of that address.

\*Your home address is  
essential for identifying  
and contacting your federal  
and state legislators through  
APMA's e-Advocacy program.

\*\*APMA communicates many  
important issues via e-mail.  
Please be aware that  
your e-mail will **NOT** be  
shared with outside vendors.

**Home Address\*:** \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home e-mail\*\*\*: \_\_\_\_\_

**Principal Office/Residency Address:** \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Office e-mail\*\*\*: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

**Second Office Address:** \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Office e-mail\*\*\*: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

**Third Office Address:** \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Office e-mail\*\*\*: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

If you have more than three office addresses, please list on a separate sheet.

## Education

### Undergraduate Degree

Year \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Degree \_\_\_\_\_

### Graduate Degree

Year \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Degree \_\_\_\_\_

### Podiatric Medical Degree

(see back panel for listings)

Check College Below Year of Graduation \_\_\_\_\_  Arizona  Barry  California  
 Des Moines  New York  Ohio  Temple  Scholl  Other \_\_\_\_\_

### Postgraduate Education

Yes If yes, complete  No

Fellowship

Residency (check one only):

- Rotating Podiatric Residency (RPR)  Podiatric Orthopedic Residency (POR)  
 Primary Podiatric Medical Residency (PPMR)  Primary Surgical Residency (PSR)  
 Podiatric Medicine and Surgery Residency (PM+S)

Begin Date \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Completion Date \_\_\_\_\_  
mo / yr mo / yr

Fellowship

Residency (check one only):

- Rotating Podiatric Residency (RPR)  Podiatric Orthopedic Residency (POR)  
 Primary Podiatric Medical Residency (PPMR)  Primary Surgical Residency (PSR)  
 Podiatric Medicine and Surgery Residency (PM+S)

Begin Date \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Completion Date \_\_\_\_\_  
mo / yr mo / yr

## Military

### Military Service

USA  USAF  USN  USMC  USCG Other \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_ Current Rank \_\_\_\_\_

Reserves If yes, branch of service \_\_\_\_\_

## Professional Licensure

### Podiatric Medical Licenses

Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Have you ever had a license to practice podiatric medicine suspended or revoked by any licensure authority?

Yes  No If yes, please explain on a separate sheet.

Are you currently, or have you ever been, on probation, suspension, or investigation by any licensure authority, state or federal agency?

Yes  No If yes, please explain on a separate sheet.

## Podiatric Medical Practice

### Original Practice Start Date

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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## APMA-Recognized Organizations

(check only those in which you have certification/membership)

### Board Certification (see back panel for listings)

ABPS  ABPOPPM

### Affiliated Membership (see back panel for listings)

AAHHP  AAPPm  AAPSM  AAWP  ACFAOM  
 ACFAP  APMWA  ASPD  ASPM

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## Previous Member of APMA

Yes If yes, complete  No

Dates \_\_\_\_\_ Component Association \_\_\_\_\_

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## Signature/Instructions

Please submit a sample of your stationery, business card and a copy of all state licenses with this application.

I understand that dual membership (state component and national association) is required to be a member in good standing. I agree not to represent myself as a member of APMA or my component, if for any reason, I cease to be a member in good standing. I also understand that a portion of my annual dues is in payment for a one year subscription for the *APMA NEWS* and for the *Journal of the American Podiatric Medical Association*. I agree that incomplete or false information may be grounds for denial or termination of membership.

APMA dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

***If you are a practicing DPM, it is important to contact the state component in which your primary practice is located.*** Contact information can be found on-line at [www.apma.org/StateComponents](http://www.apma.org/StateComponents). Your component will inform you of the amount of dues to remit as well as any other required documentation. An overview of membership processing procedures of each state component can be viewed at [www.apma.org/MembershipProcess](http://www.apma.org/MembershipProcess). Your completed application and dues payment must be sent directly to your state component, not the APMA.

***If you are a DPM in post-graduate training, send your completed application and dues payment directly to APMA.*** A current dues chart for DPMs in post-graduate training can be viewed at [www.apma.org/PostGraduateDuesSchedule](http://www.apma.org/PostGraduateDuesSchedule).

If you have any questions, please contact the APMA Membership Services department at 1-800-ASK-APMA.

Applicant Signature: \_\_\_\_\_, DPM Date: \_\_\_\_\_

I was recruited for APMA membership by the following APMA member: \_\_\_\_\_

## Listing of Podiatric Medical Colleges

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Arizona:	Arizona Podiatric Medicine Program at Midwestern University—Glendale
Barry:	Barry University School of Graduate Medical Sciences
California:	California School of Podiatric Medicine at Samuel Merritt College
Des Moines:	Des Moines University College of Podiatric Medicine & Surgery
New York:	New York College of Podiatric Medicine
Ohio:	Ohio College of Podiatric Medicine
Temple:	Temple University School of Podiatric Medicine
Scholl:	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine & Science

## Listing of Boards

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ABPOPPM	American Board of Podiatric Orthopedics and Primary Podiatric Medicine
ABPS	American Board of Podiatric Surgery

## Listing of Affiliated Organizations

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AAHHP	American Association of Hospital and Healthcare Podiatrists
AAPPM	American Academy of Podiatric Practice Management
AAPSM	American Academy of Podiatric Sports Medicine
AAWP	American Association for Women Podiatrists
ACFAOM	American College of Foot and Ankle Orthopedics and Medicine
ACFAP	American College of Foot and Ankle Pediatrics
APMWA	American Podiatric Medical Writers' Association
ASPD	American Society of Podiatric Dermatology
ASPM	American Society of Podiatric Medicine

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### For Component Society Use

Component name: \_\_\_\_\_

Division (If applicable): \_\_\_\_\_

Date application was received: \_\_\_\_\_

Date sent to APMA: \_\_\_\_\_

Join date: \_\_\_\_\_

Member category: \_\_\_\_\_

### For APMA Use Only

Dues Amount	_____
Member No.	_____
Member Type	_____
Date Received	_____
Elect Date	_____