

**CPMA Membership Application
Sponsor's Statement (2 sponsors required)**

Applicant's Name:

Please have a member podiatrist answer the following questions, sign the form, and mail the completed application to: Connecticut Podiatric Medical Association, 342 North Main Street, West Hartford, CT 06117-2507.

Sponsor #1

How long have you known the applicant?

If you feel that you know the applicant well enough, please answer the following question.

What experience or qualities does this applicant possess which you feel would make him/her a valuable asset to our Association?

Sponsor's Name: _____

Sponsor's Professional Address: _____

City _____ State _____ Zip _____

Sponsor's Office Telephone: _____

Sponsor's Signature: _____ Date: _____

Sponsor #2

How long have you known the applicant?

If you feel that you know the applicant well enough, please answer the following question.

What experience or qualities does this applicant possess which you feel would make him/her a valuable asset to our Association?

Sponsor's Name: _____

Sponsor's Professional Address:

City _____ State _____ Zip _____

Sponsor's Office Telephone: _____

Sponsor's Signature: _____ Date: _____

Secretary's Approval _____ Date: _____