



# American Podiatric Medical Association Application for 5.4 Status

## Description of Membership Category

A member for whom payment of dues and/or special assessments would constitute a hardship by reason of physical disability, illness, or other reasons, provided the reasons are investigated and set forth by the member's component society or association and provided the member is excused from payment by that component society or association.

**NOTE:** *This membership category requires renewal at the beginning of each fiscal year (June 1).*

## How to Apply

1. This modifiable PDF document may be completed in two different ways:
  - A. Save the document to your desktop. Complete the form, save, then e-mail it to membership\_ask\_apma@apma.org.
  - B. Print the document. Manually complete and fax to 301-530-2752 or scan and e-mail to membership\_ask\_apma@apma.org. You may also mail the completed document to APMA at 9312 Old Georgetown Road, Bethesda, MD 20814.
2. Your completed application will be forwarded to your component who will vote on your request and notify APMA.

Member Name: \_\_\_\_\_

Mailing Address:     Home     Office    Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

(Please include your e-mail address as APMA communicates many important issues via e-mail.)

Due to the following reason(s), I am applying for 5.4 Status Classification for the \_\_\_\_\_ dues year.

\_\_\_\_\_  
\_\_\_\_\_

Due to the above reasons, my practice has been curtailed:

25%       50%       75%       100%       Other\*

\*Please explain: \_\_\_\_\_

I am requesting a dues curtailment of \_\_\_\_\_ % for the current APMA fiscal year. (June 1–May 31)

MEMBER SIGNATURE

DATE

### FOR component USE ONLY

Approved by \_\_\_\_\_

Effective Date \_\_\_\_\_

Percentage of Dues Waived \_\_\_\_\_

Amount Paid for the FY \_\_\_\_\_

Fiscal Year \_\_\_\_\_

### FOR APMA USE ONLY

Member Number \_\_\_\_\_

Member Type \_\_\_\_\_  
from                      to

Comments \_\_\_\_\_

\$ Adj \_\_\_\_\_

Paid \_\_\_\_\_

MSR/ Date \_\_\_\_\_