



American Podiatric Medical Association Application for Permanently Disabled Membership

Description of Membership Category

A DPM who is permanently disabled, who is a member in good standing of a component society or association where available, AND for whom the payment of dues may constitute a hardship, may be classified as a permanently disabled member. "Permanently disabled" shall mean total disability that continuously prevents the member from carrying out substantial and material professional duties; such member must be under the regular care of another physician and may not derive any income or profit from any activity as a podiatrist.

A permanently disabled member shall receive all publications of the Association. He or she shall be eligible for admission to any educational session and such other services as are provided by the Association and shall be eligible to vote in any referendum. He or she shall be eligible for election or appointment to any office, committee, council, board, or similar position in the Association as provided by the bylaws.

A permanently disabled member shall pay 14% of the approved dues.

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

How to Apply

- This modifiable PDF document may be completed in two different ways:
 - Save the document to your desktop. Complete the form, save, then e-mail it to membership_ask_apma@apma.org.
 - 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 Rd. Bethesda, MD 20814.
- Your completed application will be forwarded to your component who will vote on your request and notify APMA.

Member Name _____

E-Mail _____

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

Mailing Address Home Office Telephone No: _____

Date of Permanent Disability _____

MEMBER SIGNATURE

DATE

FOR COMPONENT USE ONLY

COMPONENT SIGNATURE / TITLE

APPROVAL DATE

APMA / COMPONENT EFFECTIVE DATE

FOR APMA USE ONLY

Member # _____ \$ Paid _____

Member Type _____ → \$ Adj _____

Date Processed _____ from _____ to _____ Balance _____

MSR _____ Comments _____