

American Podiatric MEDICAL ASSOCIATION

Web site: www.apma.org

E-mail: membership_ask_apma@apma.org

1-800-ASK-APMA

MD/DO Membership in APMA

	(APMA). If elected, I agree to u	uphold and abide by the purposes, bylaws, code of ethics, and all rules I understand that no one has an automatic right to be elected to organization.				
Please type or	First Name	Middle				
print clearly.	Last	Designation O MD O D0				
Attach additional sheet of paper if needed.	Previous Last Name (changed due to marriage, divorce, etc.)					
Birth date, gender, and ethnic group	Birth Date/	Nickname				
are requested for statistical purposes.	Gender: O M O F Ethnic Group (for demographic use only): O American Indian/Alaska Native O Asian* O Black or African American O Native Hawaiian or Other Pacific Island O Spanish/Hispanic/Latino/Latina** O White O Do not wish to report *This category includes Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Malaysian, Pakistani, or Vietnamese **This category includes Cuban, Mexican, Mexican American, Chicano/Chicana, Puerto Rican, South, or Central American US Citizen (optional): O Yes O No					
Complete all addresses below.	☐ Home Address*:					
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	Telephone ()	Fax ()				
	Home e-mail**:	Cell ()				
	Pager ()					
	☐ Principal Office/Residency Address:					
and state legislators through APMA's	Telephone ()	Fax ()				
e-Advocacy program.	Office e-mail**:	Office Web Site:				
**Please include your e-mail address as APMA communicates many important issues via e-mail.	☐ Second Office Address:					
	Telephone ()	Fax ()				
	Office e-mail**:	Office Web Site:				
	☐ Third Office Address:					
	Telephone ()	Fax ()				
	Office e-mail:**	Office Web Site:				

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

	Educ	ation				
Indergraduate Degree	Year	State _	Institution			Degree
Graduate Degree	Year	State _	Institution			Degree
ledical/Osteopathic	Medical/Osteopathic College					
Degree	Year	Degre	ee OMD ODO			
Postgraduate O Yes (If yes, complete) O No Education						
	O Fellowship O Residency					
If you have more than two fellowships or residencies, please list on a separate sheet.	Program Name			State		
	Begin Date State Institution				Completion Date mo	
	O Yes (I	If yes, comple	ete) O No			
	○ Fellowship ○ Residency					
	Program Name			State		
	Begin D	ate	State Institution	on		Completion Date
	Begin Date State Institution Completion Date mo / yr					
	Milita	arv				
		_				
Military Service	OUSA OUSAF OUSN OUSMC OUSCG Other					
	Date Entered Date Separated Current Ra				t Rank	
	○ Reserves If yes, branch of service					
	O Rese	rves If yes, b	ranch of service			
	Profe	ssional	Licensure			
National Provider						
entifier (NPI) Number						
Medical/ Osteopathic Licenses	Year	State	Number	Year	State	Number
	Year	State	Number	Year	State	Number
	Year	State	Number	Year	State	Number
	-	Has your license to practice medicine or osteopathic medicine been suspended or revoked? O Yes (If yes, please explain on a separate sheet.) O No				
		currently on	probation or under inv	,	y licensure a	uthority, state, or
	O Yes ((If yes, please	e explain on a separate	sheet.) O No		

Agreement

By signing below I agree to the following:

- If elected to membership, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulation of the APMA.
- I agree not to represent myself as a member of APMA, if for any reason, I cease to be a member in good standing.
- I agree that incomplete or false information may be grounds for denial or suspension of membership.

Applicant Signature:	Date:
Applicant dignature:	Bato

Forward your completed application, copies of all professional degrees, diplomas, and/or certificates to:

American Podiatric Medical Association 9312 Old Georgetown Road Bethesda, Maryland, USA 20814-1698.

If your professional degrees, diplomas, and/or certificates are written in a language other than English, a written English translation must be provided.

Applications received without copies of all professional degrees, diplomas, and/or certificates, written English translation (if needed), AND dues payment cannot be processed.

The fiscal year of APMA runs from June 1st to May 31st. Dues for MDs and DOs are \$232.00 per year. Based on actions of the APMA House of Delegates, this amount is subject to change. Pro-rating of dues is available for membership activated after the beginning of the fiscal year.

An APMA representative will contact you for collection of dues.