



American Podiatric Medical Association Application for Life Membership

Description of Membership Category

A member in good standing of this Association may apply for classification as a Life Member if said member is:

- A member who has completely retired and remains retired from the practice of podiatric medicine, has attained the age of 65 years, and has been a member in good standing for 15 consecutive years; OR
- A member who has completely retired and remains retired from the practice of podiatric medicine and has been a member in good standing for 25 consecutive years; OR
- A member who has been in good standing for a minimum of 50 years.

A Life member may receive all publications of the Association upon request. 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.

Life members are exempt from the payment of dues and special purpose assessments.

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 _____

E-mail Address _____

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

Mailing Address Home Office _____

Telephone Number _____

Birth Date _____ (Age _____) Date Retired _____

I hereby affirm that I am in accordance with the above stated APMA Bylaws and that the information contained in this application is true to the best of my knowledge. I understand that if approved, I may maintain my Life Member status as long as I continue to qualify under the bylaws of the Association.

MEMBER SIGNATURE _____

DATE _____

FOR COMPONENT USE ONLY

FOR APMA USE ONLY

Approved by _____

Member # _____ \$ Paid _____

Effective Date _____

Join Date _____ \$ Adj _____

Years Member _____ Balance _____

Member Type _____  MSR _____

Date Processed _____ from _____ to _____