



American Society of Podiatric Medical Assistants

DELINQUENT INVOICE FOR 2017 ASPMA MEMBERSHIP RENEWAL \$110.00 NOW DUE

**YOU WILL BE DROPPED FROM THE MEMBERSHIP ROSTER IF YOUR
PAYMENT IN FULL IS NOT RECEIVED BY MARCH 1st, 2017
THIS IS THE ONLY NOTICE YOU WILL RECEIVE**

Your ASPMA membership dues have not been received for 2017. Payment is due immediately!!

Please complete this form in full. ASPMA is a related organization of APMA and our bylaws state that all memberships must be verified. You can call 800-ASK-APMA and ask for the membership department for your state. They will be happy to provide you with your doctor's APMA number. Your doctor MUST be a member in good standing for you to continue your membership in ASPMA. (Forms submitted without the required information will be returned unprocessed)

Upon receipt of your renewal form, you will be issued two stickers for 2017. Place one on your membership card and one on your name badge. If you are a PMAC, your membership will be verified before you can begin your annual recertification process.

RENEWAL FORM (Please print legibly)

Your name: _____

Your DPM Employer: _____ His/Her APMA # _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please make your check or money order for \$110.00 in US funds payable to ASPMA and mail to:

Susan M. Weeks, PMAC
ASPMA Membership Chair
PO Box 22486
Knoxville, TN 37933-1486

You will be charged \$25.00 for checks returned by the bank for any reason

For office use only

Date _____ Check# _____ Amount _____

APMA verified _____ Renewal # _____ Processed _____