



American Society of Podiatric Medical Assistants

Membership Application

Important Notice: Please fill out this application legibly. Remember that to become a member of the ASPMA the assistant must be employed by a DPM who is a member in good standing of the **APMA**. Please Note: A \$25.00 fee will be charged on all returned checks.

Medical Assistant \$90.00

Name: _____

Name wanted on name badge: _____

Podiatrist Name: _____ APMA#: _____

Office: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Employment time Months/years: _____

Circle Duties Performed: Clinical Administrative Both

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

How did you hear of ASPMA? _____

The application fee must accompany this form. Checks should be made payable to ASPMA. This covers the initial cost of the society pin, name badge, certificate and current dues. For members joining after August 1st, the initial dues will cover the remainder of the current year as well as the following year.

Send completed form and payment to: ASPMA
9007 W. High St
Yorktown, IN 47396

If you have any questions, please call the ASPMA Office at 1-888-88ASPMA or email us at aspmaex@aol.com.

For Office Use Only Check#: _____ Date Rcv'd: _____ Amount: _____