



**INVOICE FOR ASPMA MEMBERSHIP RENEWAL \$90.00 NOW DUE**

It is time to renew your ASPMA membership dues for 2018. Payment is due December 31, 2017

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 2018. 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: \_\_\_\_\_

If you are a PMAC, please let me know if you are CLINICAL or ADMINISTRATIVE (circle one)

Please make your check or money order for \$90.00 in US funds payable to ASPMA and mail to:

Tina Phelps, PMAC  
ASPMA Membership Chair  
602 Bradley Dr. Apt A  
Fortville, IN 46040

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

\_\_\_\_\_  
For office use only

Date \_\_\_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_

APMA verified \_\_\_\_\_ Processed \_\_\_\_\_