



Important Notice: Please fill out this application legibly. Remember that in order 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. DPM's applying for membership must be a member in good standing with the APMA.

Please Note: A \$25.00 fee will be charged on all returned checks.

Medical Assistant | \$100

DPM | \$100

Name: _____

Name Wanted on Name Badge: _____

Podiatrist Name: _____ APMA#: _____

Office: _____

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

Phone: _____ Fax: _____

Years Employed: _____ Months Employed: _____

Select Duties Performed: Clinical Administrative Both

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

Email Address: _____

How did you hear of ASPMA? _____

Checks should be made payable to ASPMA. This covers the initial cost of the society pin, name badge, certificate and current year 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
PO BOX 22486
KNOXVILLE, TN 37933-1486

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

For Office Use Only

_____ WL, GSC, C.J., M.

_____ N.E.

Check#: _____ Date Received _____ Amount: _____