



INVOICE FOR ASPMA MEMBERSHIP RENEWAL \$90.00 NOW DUE

It is time to renew your ASPMA membership dues for 2019. Payment is due December 31, 2018. Please complete this form in full. ASPMA is a related organization of APMA and our bylaws state that all memberships must be verified. 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 2019. 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.

PLEASE NOTE MAILING PREFERENCE

RENEWAL FORM (Please print legibly)

Your Name: _____

Your DPM Employer: _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Home Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

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
tinaphelps@yahoo.com

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

For office use only

Date _____ Check# _____ Amount _____ APMA Verified _____