



MEMBERSHIP REINSTATEMENT FORM

ONLY USE THIS FORM IF YOU HAVE NOT RENEWED YOUR MEMBERSHIP IN THE PAST TWO (2) YEARS.

Section 4.1 Dues

H. Any member who is dropped from membership, wishing re-instatement shall have to go through the Executive Committee for approval of reinstatement. They will need to submit a letter stating why they did not renew for the time frame, that they were dropped. Which cannot be more than two (2) years. Upon approval by the Executive Committee, the former member will need to pay all past dues and assessments including late payment fees, this will all need to be faxed to the Executive Director. A former member whose membership has lapsed for more than **two (2) years** shall make application as a new member.

Name: _____ ASPMA # _____

DPM Name: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Assistant signature: _____ Todays date: _____

Please include a letter on your practice letterhead stating the reason your membership lapsed.

Fees Due: (please check one) Amount will be confirmed by the Executive Committee before being processed.

1 Year which year)Lapse: \$170 _____

2 Year (Which year) Lapse: \$340 _____

Please submit form, letter and check/money order payable to the ASPMA to:

Karen Keathley, PMAC, PRAC
Executive Director
109 First Street
Itasca, IL 60143-2114

Or

Fax with credit card information and signature to 847-773-9976

Credit card processing fee of \$5.00

Circle One: **VISA MasterCard Discover American Express**

Name as it appears on card: _____

Card Number: _____ Expiration Date: ____/____ CVV Code: _____

Billing Address (if different than above): _____

Email (For Receipt): _____

Signature: _____