



DPM Membership Application 2024

Important Notice: Please complete this application legibly. DPMs applying for membership must be members in good standing with the APMA. Please Note: A \$25.00 fee will be charged on all returned checks.

DPM \$150.00 (one-time membership fee)

Podiatrist Name: _____ APMA#: _____

Office: _____

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

Phone: _____ Fax: _____

Email: _____

The application fee must accompany this form. Checks should be made payable to ASPMA.

DPMs must recertify every May with 20 CMEs and a \$70.00 recertification fee.

Send completed membership form and payment to Kesha Davis, PMAC, PRAC, PAAC
ASPMA Membership
2017 Nansemond Parkway
Suffolk, VA 23434

If you have any questions, please call the ASPMA Office at 1-888-88ASPMA or email us at membership@aspma.org

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