



Membership Application 2024

Important Notice: Please fill out this application legibly. Remember that to become a member of the ASPMA, the assistant must be employed by a DPM who's a member in good standing of the APMA.

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

Medical Assistant \$120.00

Name: _____

Podiatrist Name: _____ APMA#: _____

Office: _____

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

Phone: _____ Fax: _____

Employment time Months/years: _____

Circle Duties Performed: Clinical Administrative Both

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

Email Address: _____

How did you hear of ASPMA? _____

The application fee must accompany this form. Checks should be made payable to ASPMA. This covers the initial cost of the society pin, certificate, and current dues. For members joining after August 1st, the initial dues will cover the remainder of the current year and the following year.

Send the completed form and payment to Kesha Davis, PMAC, PRAC, PAAC
ASPMA Membership Chair
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: _____