



Membership Application 2025

**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 1<sup>st</sup>, 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: \_\_\_\_\_