



## Membership Reinstatement

**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 along with 20% assessment fees. This will all need to be faxed to the Executive Director. A former member whose membership has lapsed for more than two (2) shall make application as a new member.

Name: \_\_\_\_\_ Member # \_\_\_\_\_

DPM Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Personal email address:

\_\_Membership\_\_\_\_\_

**Please include a letter on your practice letterhead explaining why your membership has lapsed.**

1 year (which year) \$125 (renewal)+\$50(late fee) 20% assessment fee \$25+ \$200 \_\_\_\_\_

2 years (which year) \$125 x 2 (renewal)+\$50x2 (late fee) 20% assessment fee \$50=\$400 \_\_\_\_\_

You will be sent an invoice in the membership portal once payment and the letter have been received. It will go to the executive committee for review.

Please email this form and the letter to [executivedirector@aspm.org](mailto:executivedirector@aspm.org) and [membership@aspm.org](mailto:membership@aspm.org).

