



ARIZONA ASSISTANTS ONLY
MEMBERSHIP AND RADIOLOGY CERTIFICATION REGISTRATION

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.

Name: _____

Podiatrist Name: _____ APMA#: _____

Office: _____

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

Work Phone: _____ Fax: _____

Length of Employment: _____

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

Cell Phone: _____ Email Address: _____

Total Due: \$550 (includes Membership Fee, Radiology Study Guide, Radiology Certification Exam)

Mail with a check made payable to **ASPMA** to:

ASPMA
109 1st Street
Itasca, IL 60143-2114
Phone: 888-882-7762

A \$25.00 fee will be charged for all returned checks.

OR

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

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: _____

Upon receipt of registration form and fee please allow up to 2-3 weeks for membership packet and radiology study guide to be shipped to