

# ASPMA MEMBERSHIP APPLICATION

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

Name Wanted On Pin: \_\_\_\_\_

Podiatrist Name: \_\_\_\_\_ APMA#: \_\_\_\_\_

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Employed: \_\_\_\_\_ Years \_\_\_\_\_ Months

Duties: \_\_\_\_\_ Clinical \_\_\_\_\_ Administrative \_\_\_\_\_ Both

Home

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

Email Address: \_\_\_\_\_

How Did You Hear of ASPMA?: \_\_\_\_\_

**APPLICANT MUST BE EMPLOYED BY A DOCTOR WHO IS A MEMBER IN GOOD STANDING OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION.**

**Application fee of \$90.00 must accompany this form. Checks should be made payable to ASPMA. This covers the initial cost of society pin, name badge, certificate and current year dues. For assistants joining in August or after, the initial dues will cover the remainder of the year and the following year.**

**Send Completed Form and Dues To:**

**SUSAN M. WEEKS, PMAC  
620 SEDGLEY DRIVE  
KNOXVILLE, TN 37922**

**PHONE # 773/301-1495**

**IF YOU HAVE QUESTIONS, PLEASE EMAIL SUSAN WEEKS, PMAC AT [WEEKSSUSAN@BELLSOUTH.NET](mailto:WEEKSSUSAN@BELLSOUTH.NET)**

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(DO NOT FILL IN)

\_\_\_\_\_ WL, GSC., C., J., M.

\_\_\_\_\_ N.E.

Check # \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_