



# Senior Member Application

## > DESCRIPTION OF MEMBERSHIP CATEGORY

Per the bylaws approved by the APMA House of Delegates in March 2019, a licensed DPM who is a member in good standing of this association and in good standing of an available component may apply for classification as a Senior Member if said member: Has attained the age of 65 years; AND Is not actively engaged in practice for more than 20 hours per week; AND Has been in good standing for 20 consecutive years or for an aggregate of 25 years. Senior Members shall be eligible: To receive all official communications of the association. For admission to any educational session and such other services as are provided by the association. For election or appointment to any office, committee, council, board, or similar position in the association as provided in these bylaws. To serve in the House of Delegates.

## > CONTACT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Previous Last Name \_\_\_\_\_  
*(changed due to marriage, divorce, etc.)*

Email Address \_\_\_\_\_  
*(the email address currently used by APMA)*

Preferred Mailing Address    Home    Office \_\_\_\_\_

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

Do you have a seasonal home? \_\_\_\_\_  
*If you reside in more than one location throughout the year, please provide us with the additional mailing address and dates if possible.*

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Number of Hours in Practice Per Week \_\_\_\_\_  
*Maximum of 20 hours per week.*

Effective Date of Change to Senior Status \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*By entering my name above, I hereby affirm that I am in accordance with the above stated APMA Bylaws and that the information contained in this application is true to the best of my knowledge. I understand that if approved, I may maintain my Senior Member status as long as I continue to qualify under the bylaws of the Association. If the amount of my practice hours increases beyond the maximum 20 hours per week, I understand that I am no longer a Senior member and will revert back to Active status.*

## > MAIL OR FAX COMPLETED FORM TO

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