



LIFE MEMBER APPLICATION

Per the bylaws approved by the APMA House of Delegates in March 2019, a member in good standing of this association and in good standing of an available component may apply for classification as a Life Member if said member: Has completely retired and remains retired from the practice of podiatric medicine, attained the age of 65 years, AND either been a member in good standing for 20 consecutive years or for an aggregate of 30 years; OR A licensed DPM member who has been in good standing for a minimum of 50 years (aggregate). Life 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 appointment to any committee or similar position in the association as provided in these bylaws.

CONTACT INFORMATION

<input type="checkbox"/> First Name	<input type="text"/>
Middle Name	<input type="text"/>
<input type="checkbox"/> Last Name	<input type="text"/>
Previous Last Name	<input type="text"/>
(changed due to marriage, divorce, etc.)	
Email Address	<input type="text"/>
(the email address currently used by APMA)	
<input type="checkbox"/> Preferred Mailing Address	<input type="text"/>
<input type="checkbox"/> City	<input type="text"/>
<input type="checkbox"/> State	<input type="text"/>
<input type="checkbox"/> Zip	<input type="text"/>
<input type="checkbox"/> Is this your Home or Office Address?	<input type="text"/>

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

Retirement Date

AGREEMENT

Signature

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 Life Member status as long as I continue to qualify under the bylaws of the Association.

Today's Date

Month, Day, Year

MAIL OR FAX COMPLETED FORM TO
AMERICAN PODIATRIC MEDICAL ASSOCIATION
9312 Old Georgetown Road * Bethesda, MD 20814-1621
301-581-9200 (ph) * 301-530-2752 (fx)