



ACPM

American College of Podiatric Medicine
Education | Research | Advocacy

(Please check appropriate box)

- Fellow** **Associate** **Member** **Resident**

Name: _____

Position: _____ **Clinic/Practice Name:** _____

Office Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Office Fax:** _____

E-mail: _____ **Web Site:** _____ **Gender -** *M* or *F*

(Please print clearly! We do most membership correspondence via e-mail.)

EDUCATION: List in chronological order all undergraduate, graduate, and professional schools attended, including podiatry college.

Name of School	City-State	Degree	Dates Attended

Membership in APMA is a requirement for ACPM membership: Are you a member in good standing of the American Podiatric Medical Association? Yes _____ No _____ APMA Member # _____

Date ABPM Certified: _____ **or N/A Date ABPM Qualified:** _____ **or N/A Date of Birth:** _____

I agree to abide by the Bylaws of the American College of Podiatric Medicine.

ACPM members may be listed in a database on its web site. This database is searchable by physicians and podiatrists for referrals and by prospective patients seeking a podiatrist. I agree to hold the American College Podiatric Medicine (ACPM) harmless from any and all liability, including court costs and attorney's fees, that may result from my name being made available to any individual. I understand that ACPM does not represent me in any way, nor does ACPM guarantee or represent that I will obtain assignments through this service.

ACPM contacts its members by e-mail to notify them of important issues, remind them of upcoming deadlines or provide them information regarding new products or services.

I certify that the information in this application is true and accurate.

Signature: _____ **Date:** _____

- Membership Fees:** **Associates - \$449** **Members - \$349** **Residents - Free**
 Fellows - \$449

Charge to my: **Check enclosed** **Credit Card:** Amex MC VISA Dollar Amount: \$ _____

Name of Cardholder: _____ **Signature:** _____

Card Number: _____ **Expiration Date:** _____ **CVV Code:** _____

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