apma
Advancing foot and ankle medicine and surgery

Faculty Member Application

DESCRIPTION OF MEMBERSHIP CATEGORY

Per the bylaws approved by the APMA House of Delegates in March 2025, a DPM member in good standing of this association and in good standing of an available component may apply for classification as a Faculty Member if said member: Is primarily engaged in a teaching, administrative, or research position at a college of podiatric medicine, medical school, or academic health science center and who is a member of an available component, if eligible, may apply for faculty membership as determined by the available component. APMA faculty membership is $460 for a 12-month membership term.

CONTACT INFORMATION

First Name _____ Middle _____ Last Name _____

Email Address _____ Cell Phone _____

Home Address _____ Birth Date

City _____ State _____ Zip _____

Organization _____

Work Address

City _____ State _____ Xgn _____

Preferred Address ____☐ Home ____☐ Work

Member Signature Date

By entering my name above, I hearby 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.

MAIL OR EMAIL COMPLETED FORM TO

American Podiatric Medical Association
11400 Rockville Pike, Suite 220 | Rockville, MD 20852
phone: 301-581-9200 | email: ask@apma.org