

## > DESCRIPTION OF MEMBERSHIP CATEGORY

Per the bylaws approved by the APMA House of Delegates in March 2025, 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. \*An annual \$100 administrative fee will be assessed.

## > CONTACT INFORMATION

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

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

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

Home Mailing Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Retirement Date \_\_\_\_\_

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 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](mailto:ask@apma.org)