

ARIZONA PODIATRIC MEDICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

All materials should be typed or printed in black ink and answered in full. Failure to do so will delay the membership process and/or result in your application being returned for completion. Your completion and submission of the application does not guarantee an automatic election to membership in this voluntary organization. Applicants are encouraged to be present at the meeting during which membership is voted. Please read the following and submit the required information. Failure to submit all information and fees will delay processing.

- A completed original application for membership in the American Podiatric Medical Association
- A copy of your Arizona license to practice podiatric medicine
- Your personal E-mail address (e.g. no office staff, spouse or relative e-mails) for future correspondence no exceptions
- A check payable to AzPMA representing required state (AzPMA) and national (APMA) component dues
- Please contact Dr. Tony Rosales , Treasurer of the AzPMA, so he may determine the amount of your dues payment.

All checks are to be sent solely to:

Mark A. Rosales, DPM
Treasurer, AzPMA
421 N. Humphreys St.
Flagstaff , AZ 86001

Phone: (928) 774-4825
Fax: (928) 779-1008
E-mail: rosalbg@msn.com

*Please mail the completed application with all required information via certified return receipt to:

Mary Peters, DPM
Secretary, AzPMA
270 W. Chandler Heights, Suite 5
Chandler, Arizona 85248

Phone: (480) 895-0276
Fax: (480) 895-6933