



American Academy of Podiatric Sports Medicine  
 109 Greenwich Drive, Walkersville, MD 21793

(301) 845-9887

**American Academy of Podiatric Sports Medicine  
 Membership Application**

(THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY - STATE - ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EDUCATION: List in chronological order all undergraduate, graduate, professional and postdoctoral institutions attended.  
 (ATTACH ADDITIONAL INFORMATION ON SEPERATE SHEET)

Institution	City - State	Degree or Certificate	Major Field	Dates Attended	
				From	To

PROFESSIONAL LICENSES: List professional licenses; certification, or registration which you hold

License/Certificate/Registration	State/Organization	Date Issued

PROFESSIONAL APPOINTMENTS: List past, present professional appointments at institutions.

Institution	Title Held	Inclusive Dates

PROFESSIONAL APPOINTMENTS: List past, present professional appointments at institutions.

Organization	Date Joined	Offices Held

Referred to the AAPSM by \_\_\_\_\_

Associate/Affiliate Membership - Candidate Shall:

1. Have earned a degree from an accredited college or university in a health-related field.
2. Be a member in good standing of the American Podiatric Medical Association - if a podiatrist.

MY APPLICATION FEE OF \$75.00 IS ENCLOSED. I UNDERSTAND THAT THIS FEE IS NOT REFUNDABLE.

Please note that in addition to the \$75.00 application fee, annual dues in the AAPSM is \$200.00. Podiatric students annual membership fee is \$25.00

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this application with the \$75.00 application fee to:

**The Above Address**