139B James Comeaux Rd, Ste 555
Lafayette, LA 70508

www.aspsmembers.org
membership@aspsmembers.org
337.628.2777
877.277.7616 (toll free)
877.330.0228 (fax)

2019 Application For Membership

This form is to be completed by licensed Doctors of Podiatric Medicine (DPMs); podiatric medical residents, fellows, and students; or licensed Medical Doctors (MDs), Doctors of Osteopathic Medicine (DOs), and international practitioners who actively participate in foot and ankle surgery, are a member in good standing of APMA, and who seek membership in the American Society of Podiatric Surgeons (ASPS).

Note that additional supporting documentation may be requested by the ASPS Membership Committee at a later time.

Please type or print clearly.

Last Name_______________________________First ____________________Middle Initial ______
(Your name will appear on the membership certificate as it is listed above.)

Degree____

Previous Last Name *(If changed due to marriage, divorce, etc.)*________________________________

Preferred E-mail Address____
(Important ASPS issues will be communicated via e-mail. ASPS will not share your e-mail address with outside vendors.)

Physical Address ____

City____State ________Zip Code __________

Phone Number________________________ APMA Membership Number _______________________
(If you do not know your APMA member number, please call 800.275.2762.)

MEMBERSHIP CATEGORY

Select the membership category for which you wish to be considered.

☐ **FELLOW:** A licensed DPM who is a member in good standing of the APMA and who is board certified by the American Board of Foot & Ankle Surgery (ABFAS).

☐ **ASSOCIATE:** A licensed DPM who is a member in good standing of the APMA and who is board qualified by the American Board of Foot and Ankle Surgery (ABFAS).

☐ **AFFILIATE:** A licensed DPM (who is a member in good standing of the APMA), MD, DO, or international practitioner with an active interest or participation in foot and ankle surgery.

☐ **EMERITUS:** A Fellow in good standing may be classified as Emeritus if said individual has completely retired and remains retired from practice and is a member in good standing of the APMA.

☐ **RESIDENT:** A DPM who is serving as a resident or fellow in a program granted provisional approval or approval by the Council on Podiatric Medical Education (CPME) and who is a member in good standing of the APMA.

☐ **STUDENT:** A student who is enrolled in a podiatric medical college or school that has either attained candidate status from or been accredited by CPME and who is a member in good standing of the American Podiatric Medical Students' Association (APMSA).

CERTIFICATION

For Fellow, Associate, or Emeritus status, the applicant must have obtained certification (Fellow and Emeritus) or board qualified (Associate) status from the American Board of Foot and Ankle Surgery (ABFAS).

☐ ABFAS Certified
Date Certified ____________________

☐ ABFAS Qualified
Date Qualified ____________________

SURGICAL PRACTICE

Please complete this section if applying for Fellow, Associate, or Affiliate status. Year in which you began practice: __________

Attach to this application a brief statement describing your current practice and indicate how you have pursued professional excellence as a podiatric surgeon and/or as a member of the medical community. Ways in which this may be demonstrated include, but are not limited to, professional lecturing; completion of research; participation in teaching programs; participation on hospital committees; and completion of continuing medical education specific to surgery and related modalities. (In lieu of a statement, Fellow and Associate applicants may provide a copy of a résumé or CV.)

Along with the statement, Affiliate applicants shall provide a copy of a résumé or CV.

☐ Copy of Statement Attached

☐ Copy of Résumé or CV Attached

Affiliate applicants shall include with this application, documented evidence of surgical training and experience including completion of approved continuing medical education specific to surgery and/or related modalities.

☐ Documentation of surgical training and experience

EMERITUS

When did you retire completely from practice (month and year)? : ____________________

RESIDENT

Please complete this section if applying for Resident status (includes DPMs participating in CPME-approved residency and fellowship programs).

Check Program Type: ☐ Residency ☐ Fellowship

Sponsoring Institution: ____________________

Address: ____________________

____

Director: ____________________

When did you begin the program (month and year)? When will you complete the program (month and year)?

Attach to this application a letter indicating your good standing from the residency program director including indication of date through which program has been approved by CPME.

☐ Copy of Letter Attached

STUDENT

Please complete this section if applying for Student status.

Check School:

- ☐ Arizona
- ☐ Barry
- ☐ California (Merritt)
- ☐ Des Moines
- ☐ New York
- ☐ Ohio
- ☐ Scholl
- ☐ Temple
- ☐ Western

Expected Graduation Date: ______________________________

2018 FEES

Please enclose a check made payable to the American Society of Podiatric Surgeons (ASPS) for the amount specified below for the category of membership sought.

- ☐ Fellows - $300 + $50 application fee*
- ☐ Associates - $300 + $50 application fee*
- ☐ Affiliates - $300 + $50 application fee*
- ☐ Residents - $0**
- ☐ Students - $0**
- ☐ Emeritus - $150 + $25 application fee

**Young member podiatrists who are currently classified as APMA Associate members in the A1-A4 categories pay $150.*

***Resident and Student members do not have to pay an application fee.*

ASPS dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

CREDIT CARD PAYMENT

If you would like to pay by credit card, complete the following information:

- ☐ Visa
- ☐ MasterCard
- ☐ American Express
- ☐ Discover

Credit Card # ____ Security Code ________

Expiration Date ____

Card Holder's Name ____

Zip Code of Billing Address ____

SIGNATURE/CONFIRMATION

I hereby apply for membership in the American Society of Podiatric Surgeons (ASPS). If approved for membership, I agree by my signature on this application form to abide by the Bylaws, rules, and regulations of ASPS and the APMA Code of Ethics. I understand that no one has the automatic right to membership in this voluntary organization.

If for any reason I cease to be a member in good standing of APMA (DPM members only) or APMSA (Student members only), my status with ASPS shall automatically terminate.

I understand that membership in ASPS does not represent a credential for obtaining licensure, certification, or hospital privileges.

I agree that incomplete or false information may be grounds for denial or termination of membership.

Applicant Signature: ____ Date: ____________