

MPMA MEMBERSHIP APPLICATION

APPLICANT INFORMATION: (Please check one)

Transferring from (state): _____ New Member Reinstated Member
 Male Female If female, maiden name: _____
Marital Status: _____ Spouse Name: _____
Full Name: _____ Date of Birth: _____
Home Address: _____
Home Telephone: _____ Home Email: _____
Business Address: _____
Business Telephone: _____ Fax Number: _____ email: _____
All mail to be sent to: Home Business
Initial Professional License Date: _____ Original Practice Start Date: _____ State: _____
Licensed in any other state? No Yes
If yes, indicate which state(s) and date(s) of license: _____
Previously been a member of APMA? No Yes
If yes, indicate **most recent** APMA affiliate state & last year of membership: _____
Podiatric School(s) Attended: _____
Graduation Date(s): _____
Comments: _____

DUES INFORMATION:

Dues are structured according to the date of your first licensure. Please check the appropriate category below.

	APMA Dues	MPMA Dues	Total
1st Year Member (A1)	\$206.00	\$225.00	\$ 431.00
2nd Year Member (A2)	\$371.00	\$325.00	\$ 596.00
3rd Year Member (A3)	\$569.00	\$450.00	\$1019.00
4th Year Member (A4)	\$693.00	\$525.00	\$1218.00
Active Member (AC)	\$825.00	\$600.00	\$1425.00

TOTAL ENCLOSED: \$ _____

(Please contact the MPMA office if you wish to make installment payments.)

Signature of Applicant

Date

Make check payable and mail to:
MONTANA PODIATRIC MEDICAL ASSOCIATION
36 South Last Chance Gulch, Suite A
Helena, MT 59601
Phone: (406) 443-1160 Fax: (406) 443-4614
email: mw@mtfootandankle.com Website: www.mtfootandankle.com