



# American Podiatric Medical Association Dues Waiver

The dues wavier is available to assist former members to reinstate membership by relieving prior national dues obligations. A dues waiver may only be used **ONE TIME**, and may only be used when a former member has a **prior year balance due** on APMA's books.

**A dues waiver cannot be used to discharge current fiscal year dues.**

In accordance with the Administrative Procedures document of the American Podiatric Medical Association, I wish to take advantage of the one-time waiver and discharge any dues and special assessments owed by me for reinstatement to the Association.

## How to Apply

1. Forward this completed application, and any other required documentation, to your component. Contact information can be found on-line at [www.apma.org/StateComponents](http://www.apma.org/StateComponents). Or call APMA at 1-800-ASK-APMA for the address of your component.
2. Your component will vote on your request and notify APMA.

For Fiscal Year 20\_\_\_\_ / 20\_\_\_\_ (Fiscal year runs from June 1 to May 31.)

Member Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(Please include your e-mail address as APMA communicates many important issues via e-mail.)

Mailing Address  Home  Office Telephone No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APMA Member Number \_\_\_\_\_

MEMBER SIGNATURE

DATE

---

### FOR COMPONENT USE ONLY

\_\_\_\_\_  
COMPONENT SIGNATURE / TITLE

---

### FOR APMA USE ONLY

Suspension Date \_\_\_\_\_

Back-dues \_\_\_\_\_ / \_\_\_\_\_  
Amount FY

\$ W/O \_\_\_\_\_

\$ Adj \_\_\_\_\_

MSR \_\_\_\_\_

Date processed \_\_\_\_\_