
Florida Podiatric
Medical Association



410 North Gadsden Street
Tallahassee, Florida
32301-1215

Phone (850) 224-4085
224-4018
(800) 277-3338
FAX (850) 681-0899
Web:www.fpma.com

Karen N. Lambert
Executive Director
klambert@fpma.com

Bernadine Howell
Membership Coordinator
bhowell@fpma.com

Becky Reese
Public Affairs/Website Coordinator
breese@fpma.com

APPLICATION CHECK-OFF LIST

- () I have completed the application form and will mail it to FPMA, 410 N. Gadsden Street, Tallahassee, FL 32301, or fax it to 850/681-0899.
- () Check is enclosed for \$400, payable to the FLORIDA PODIATRIC MEDICAL ASSOCIATION if you have practiced four years or more, or \$250 if you have practiced for one to three years. You may also phone FPMA with a credit card for payment. You will be billed for any remaining dues.
- () Affirmation Sheet is signed and enclosed.
- () Confirmation letter from your local Component President. Alternative: email or phone call by your Component President to the FPMA Office, 800/277-3338 or bhowell@fpma.com. (This confirmation may be obtained at a later date as you start attending the local component meetings.)
- () If possible, please forward your curriculum vitae for your file.

OFFICERS:

Paul D. Brooks, D.P.M.
President
2201 East Nine Mile Road
Pensacola, Florida 32514
pbrooks@fpma.com

Mark A. Lambert, D.P.M.
First Vice President
4850 N. 9th Avenue
Pensacola, Florida 32503
mlambert@fpma.com

Andrew M. Belis, D.P.M.
Second Vice President
12670 Creekside Ln, 3rd Floor
Ft. Myers, Florida 33919
abelis@fpma.com

Andre M. Williams, D.P.M.
Treasurer
352 Milus Street
Punta Gorda, Florida 33950
awilliams@fpma.com

Diana E. Rogers, D.P.M.
Secretary
3700 Washington Street, #403
Hollywood, Florida 33021
drogers@fpma.com

Stephen F. Levin, D.P.M.
Immediate Past President
26827 Foggy Creek Rd #104
Wesley Chapel, Florida 33544
slevin@fpma.com

In the event the applicant has knowingly misstated any of the information or facts required above, such misstatement shall be grounds for denial of this application or for revocation if such misstatement is discovered after application has been favorably acted upon by the association.

Please return your application and the required information to the Membership Coordinator, Bernadine Howell, 410 North Gadsden Street, Tallahassee, Florida 32301, or fax to 850/681-0899. You may also email her at bhowell@fpma.com or phone her at 800/277-3338.