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MEDICINE & SURGERY OF THE FOOT, ANKLE, AND LOWER EXTREMITY

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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.**

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.