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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 at 1-800-277-3338 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: Phone call or email by your Component President to the FPMA Office, 1-800-277-3338 or via membership@fpma.com. (This confirmation may be obtained at a later date as you start attending 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 FPMA Membership, 410 North Gadsden Street, Tallahassee, Florida 32301, or fax to (850) 681-0899. You may also email membership@fpma.com or phone 1-800-277-3338.