



**Application for Membership**

I hereby apply for membership in the component association of the state in which I have my principal practice.

**Please type or print clearly.**

Attach additional sheet of paper if needed.

Birth date, gender, and ethnic group are requested for statistical purposes.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Previous Last Name (*changed due to marriage, divorce, etc.*) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  M  F Ethnic Group (*for demographic use only*)  American Indian/Alaska Native  
 Asian\*  Black or African American  Native Hawaiian or Other Pacific Island  
 Spanish/Hispanic/Latino/Latina\*\*  White  Do not wish to report

\*This category includes Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Malaysian, Pakistani, or Vietnamese

\*\*This category includes Cuban, Mexican, Mexican American, Chicano/Chicana, Puerto Rican, South, or Central American

**Complete all addresses below.**

Please note your preferred mailing address by placing a check mark in the box to the left of that address.

\*Your home address is essential for identifying and contacting your federal and state legislators through IPMA's e-Advocacy program.

\*Please include your e-mail address as IPMA communicates many important issues via e-mail.

**Home Address:** \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Home e-mail: \_\_\_\_\_  
 \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Principal Office/Residency Address:** \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
 Office e-mail: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

**Second Office Address:** \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
 Office e-mail: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

**Third Office Address:** \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
 Office e-mail: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

*If you have more than three office addresses, please list on a separate sheet.*

## Education

**Undergraduate Degree** Year \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Graduate Degree** Year \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Podiatric Medical Degree**

(See back panel for listings)

Check College Below Year of Graduation \_\_\_\_\_  Arizona  Barry  California  
 Des Moines  New York  Ohio  Temple  Scholl  Western  Other

**Postgraduate Education**  Yes (If yes, complete) No

If you have more than two fellowships or residencies, please list on a separate sheet.

Preceptorship

Fellowship

Residency Program Type (PMSR, PM&S36, etc) \_\_\_\_\_

Begin Date \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Completion Date \_\_\_\_\_  
mo / yr mo / yr

Preceptorship

Fellowship

Residency Program Type (PMSR, PM&S36, etc) \_\_\_\_\_

Begin Date \_\_\_\_\_ State \_\_\_\_\_ Institution \_\_\_\_\_ Completion Date \_\_\_\_\_  
mo / yr mo / yr

## Professional Licensure

**National Provider Identifier (NPI) Number** \_\_\_\_\_

**Podiatric Medical Licenses**

Year\_ State\_ Number\_\_\_\_\_

Year\_ State\_ Number\_\_\_\_\_

Have you ever had a license to practice podiatric medicine suspended, denied, or revoked by any licensure authority?

Yes (If yes, please explain on a separate sheet.)  No

Are you currently, or have you ever been, on probation, suspension, or investigation by any licensure authority, state, or federal agency?

Yes (If yes, please explain on a separate sheet.)  No

## Podiatric Medical Practice

**Original Practice Start Date**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## **Signature/Instructions**

Please be aware that you may be required to provide additional documentation (copy of all state licenses, business card, sample of stationery, etc.) to your component society.

I understand that membership is required to be a member in good standing. I agree not to represent myself as a member of IPMA or my component, if for any reason, I cease to be a member in good standing.

I agree that incomplete or false information may be grounds for denial or termination of membership.

IPMA dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

***If you are a DPM in post-graduate training, send your completed application and dues payment directly to IPMA***

If you have any questions, please contact the IPMA Membership Services department at 630 537 9740 or email [athomas@ipma.net](mailto:athomas@ipma.net).

Applicant Signature: \_\_\_\_\_, DPM Date: \_\_\_\_\_

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