



Application for Post Graduate Membership

I hereby apply for membership in the Illinois Podiatric Medical Association and to the American Podiatric Medical Association. If elected, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulations of the IPMA and the APMA. I understand that no one has an automatic right to be elected to membership in these voluntary organizations.

NOTE: *Your membership will be renewed for each fiscal year that you are enrolled in a post graduate program that is recognized by the American Podiatric Medical Association and is located in the State of Illinois. Please direct any questions about Post Graduate Membership to membership@ipma.net*

How to Apply

Forward this completed application to the IPMA by email to: membership@ipma.net

Last Name: _____ First _____ Initial _____

Previous Last Name (*Change due to marriage, divorce, etc.*): _____

Home Address _____

City _____ State _____ Zip Code _____

_____/_____
Home telephone Cell phone Home e-mail address

EDUCATION

Podiatric Medical College _____ Graduation year _____

Post Graduate Education (Check one): Residency Fellowship Other (explain)

Post Graduate Program Institution/Office _____

Program Address _____ City/Zip _____

Telephone _____ e-mail _____

Program Type (e.g., PMS36) _____ Start Date _____ Completion Date _____

Applicant Signature _____ Date: _____

I was recruited for IPMA/APMA membership by the following member: _____