



APPLICATION FOR MEMBERSHIP

Qualification for Active/Student/Fellow Membership

Graduate of a podiatric medical school accredited by the Council on Podiatric Medical Education with a Doctor of Podiatric Medicine degree as well as have good standard as a member of the American Podiatric Medical Association (this is a requirement with no exceptions). Also the applicant must possess professional qualifications in pediatric foot and ankle care, to be approved by the ACFAP Board of Directors.

1. Name: _____

2. APMA #: _____

3. Office Address:

4. Office/Fax/Cell Phone #:

5. E-Mail Address:

6. Name of College where D.P.M. degree was conferred and year of graduation:

7. Name of Institution(s) where Residency was completed, noting what type of residency, and years of attendance:

Signature: _____ Date: _____

Please attach a current **Resume** with this application as well as a **check in the proper amount** made payable to "ACFAP" and remit it to: **ACFAP c/o Debi Grinberg PO BOX 2040, Cherry Hill, NJ 08034-0145**

NOTE: Membership information such as name, address and phone numbers may be published an the ACFAP Newsletter or website, unless expressly asked not to.