



## AAWP Membership Application

*Dues become renewable each July*

Checks made payable to: AAWPinc

Send application to:

Erika M. Schwartz, DPM

909 Northwest Drive

Silver Spring, MD 20901

eschwartz@americanwomenpodiatrists.com

- New
- Renewal

Name \_\_\_\_\_

APMA number (required) \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Web site address \_\_\_\_\_

Email address (required) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Preferred Mailing Address:  Office  Home

College of Podiatric Medicine \_\_\_\_\_ Year Grad \_\_\_\_\_

Previous members: Year joined AAWP \_\_\_\_\_

Would you be interested in lecturing at a future meeting  yes  No

Topic \_\_\_\_\_

- Active one year membership \$100.00
- Active two year membership \$180.00
- Associate Membership (1<sup>st</sup> yr practitioner) \$30.00
- Resident Membership- no fee with annual renewal
- Friends of AAWP \$175.00  
Individual may request with Board of Director approval.
- Tax deductible donation to AAWP  
Suggested amount \$25.

*APMA membership is a requirement for membership in AAWP. If a Life Member does not maintain membership in APMA, the Life Member will no longer be an active member of AAWP. They will become an honorary member, no longer receive the newsletter and will not have access to the members' only section of the website.*