



AAWP Membership Application

DEADLINE: July 1st of each calendar year

Send this form and payment (checks made payable to AAWP) to:
Elizabeth Bass Daughtry, DPM – Treasurer
700 Tilghman Dr. Suite 722
Dunn, NC 28334

Applicant information

Name _____

APMA Number**(required) _____

Email address (required) _____

Practice Name _____

Work Address _____

Work Phone _____ Fax Number _____

Website address _____

Home address _____

Home Phone _____ Preferred Mailing address: Home ____ Office ____

College of Podiatric Medicine _____ Graduation year _____

New membership? Yes ____ No ____

Previous members: Year joined AAWP _____

Would you be interested in lecturing at a future meeting? Yes ____ No ____

If so, what topic?

Active one year membership \$125

Student/Resident Membership – no fee until graduating from residency

APMA membership is a **requirement for membership in AAWP. If a Life Member does not maintain membership in APMA, the Life Member will be no longer an active member of AAWP and will be removed from our roster and online directory per APMA regulations.