



# American Podiatric Medical Association Application for Permanently Disabled Membership

## Description of Membership Category

A member in good standing who is permanently disabled, who is a member in good standing of a component society or association where available, AND for whom the payment of dues may constitute a hardship, may be classified as a permanently disabled member. "Permanently disabled" shall mean total disability that continuously prevents the member from carrying out substantial and material professional duties; such member must be under the regular care of another physician and may not derive any income or profit from any activity as a podiatrist.

A Permanently disabled member shall receive all publications of the Association. He or she shall be eligible for admission to any educational session and such other services as are provided by the Association and shall be eligible to vote in any referendum. He or she shall be eligible for election or appointment to any office, committee, council, board, or similar position in the Association as provided by the bylaws.

A Permanently Disabled member shall pay 14% of the approved dues.

**NOTE: This membership category requires renewal at the beginning of each fiscal year (June 1).**

## How to Apply

1. Forward this completed application to your component with supporting material thoroughly documenting complete and permanent disability.
2. Your component will vote on your request and will notify APMA.

Member Name \_\_\_\_\_

Mailing Address  Home  Office Telephone No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Permanent Disability \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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### FOR COMPONENT USE ONLY

COMPONENT SIGNATURE / TITLE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

APMA/COMPONENT EFFECTIVE DATE \_\_\_\_\_

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### FOR APMA USE ONLY

Member # \_\_\_\_\_ \$ Paid \_\_\_\_\_

Member Type \_\_\_\_\_  $\rightarrow$  \_\_\_\_\_ \$ Adj \_\_\_\_\_  
from to

Date Processed \_\_\_\_\_ Balance \_\_\_\_\_

MSR \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_