



Membership Application for Executive Managers and Medical Assistants

Please fill out one form for each applicant

To apply for membership with the AAPPMM as an Executive Manager or Medical Assistant, please fill out your information below.

Personal Information

Name (with credentials) _____ Year started as Exec. Mgr. or Med. Assist. _____

Practice Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Referred by _____ How did you hear about AAPPMM? _____

Membership Types and Fees

Please indicate which type of membership you are applying for:

Executive Managers (\$139) are the individuals that are responsible for any area of managing a podiatric practice. Their official title is typically manager or administrator for that office. These are individuals that are responsible for the actual business side of the practice.

Medical Assistants (\$139) are individuals that assist the doctors medically or may be a billing clerk or an assistant type of position in the podiatric practice .

Payment Options

Credit Card: VISA MasterCard AMEX Signature _____

Card Number _____ Exp. Date _____ Name on card _____

Billing Address is same as provided above. If not, please provide below:

Address _____ City _____ State _____ Zip _____

All of your information is encrypted and secure through our system. Once your application has been received and processed, you will receive an acknowledgement via email if you have provided us with an email address followed by a welcome packet via US mail. If we have not accepted you into membership because APMA does not list you as a member in good standing, you will be notified by email if possible and by US mail. Please allow three to five business days for us to process your request. You will receive an email from us at that time and your welcome packet in the mail in five to seven business days after your membership is processed. Please note that membership requests are processed Monday through Friday only.

Please fax or mail completed application(s) with credit card information to:
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1000 W. St. Joseph Hwy, Suite 200
Lansing, MI 48915-1695
Tel (517) 484-1930 | Fax (517) 485-9408
email: office@aappm.org | www.aappm.org