 *asfp*

 *P.O. Box 549*

 *Bandon, or 97411*

[***www.theasfp.orG***](http://www.theasfp.orG)

 ***ASFPDPM@AOL.COM***

*APPLICATION FOR MEMBERSHIP*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I would like to extend an invitation to become a member of the American Society of Forensic Podiatry. The objectives of this organization are to promote the use of podiatry in forensics cases utilizing the analysis and evaluation of evidence related to the human foot, and to develop and maintain the highest standards of practice. The organization will promote this through continuing education for its members by way of educational seminars, study, newsletters, discussion, publications and liaison with other organized disciplines. A strong emphasis on podiatric research in the forensics field will be encouraged. You will receive a copy of the constitution and bylaws upon acceptance.*

*ELEGIBILITY FOR MEMBERSHIP*

*Society membership shall be available only to those persons of good moral character, integrity and professional competence. They must have earned a degree in podiatric medicine, or its equivalent, in the United States or abroad, and demonstrate an interest in the forensic sciences. Membership shall also be available to those persons holding an advanced degree in a related field, providing they satisfy the same requirements for membership.*

*(Please Print or Type):*

*NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*APMA Member Number \_\_\_\_\_\_\_\_\_\_\_\_\_*

*TELEPHONE: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *E-Mail Address ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MEMBER of PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*If you would like to serve on a committee, or have talents that you feel you can offer to the organization, please check your area of interest and explain:*

*Newsletter\_\_\_\_ Continuing Education\_\_\_\_ Research\_\_\_\_ Website\_\_\_\_ Board\_\_\_\_ Other\_\_\_\_*

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 *ASFP Membership Dues:( dues remitted after October 1, will be applied to next year’s dues) $100 (all classes except retired and resident/student)*

 *Retired members are exempt from the dues requirement, as are resident/student members with supporting documentation of their status.*

*Please make checks payable to: American Society of Forensic Podiatry.*

*Send to: P.O. Box 549 Bandon, OR 97411 or use PayPal at asfpdpm@aol.com*

*MEMBERSHIP CLASSIFICATIONS:*

* + 1. *ACTIVE MEMBER: An individual who has earned a degree in podiatric medicine, or its equivalent, in the United States or abroad and who has demonstrated an interest in the field of forensic sciences. Active Members shall have the right to vote.*
		2. *ASSOCIATE MEMBER: An individual with an advanced degree in a related field, such as forensic anthropology or medicine. Associate members are not voting members.*
		3. *RESIDENT/STUDENT MEMBER: An individual who is actively engaged in an undergraduate, graduate, or approved training program in podiatric medicine who has an interest in the field of pedal evidence. Having this classification, no dues will be required. Resident/student members are not voting members.*
		4. *HONORARY MEMBER: A distinguished individual who has provided exceptional service to the Society, and/or the field of forensic science. This membership is granted by unanimous vote of the Board of Directors. Having this classification, no dues will be required. Only individuals in this category who have the same qualifications as active members will be voting members.*