



Massachusetts Podiatric Medical Society

6 Boston Rd, Suite 202, Chelmsford, MA 01824 | 978 256-0935 | 978-250-1117 fax | office@massdpms.org | www.massdpms.org

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The mission of the Massachusetts Podiatric Medical Society is to facilitate and promote the interests, professionalism and recognition of its members; to support a high degree of foot health care; and to support the principles and goals of the American Podiatric Medical Association.

Application for 5.4 Status

Criteria: A member for whom payment of dues and/or special assessments would constitute a hardship by reason of physical disability, illness, or other reasons, provided the reasons are investigated and set forth by the member's component society or association and provided the member is excused from payment by that component society or association.

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

Please complete the missing information below and return your completed document to MPMS. We will process your request and notify APMA.

Member Name: _____

E-mail: _____

Phone: _____

Due to the following reason(s), I am applying for 5.4 Status Classification for the current dues year.

Due to the above reasons, my practice has been curtailed:

25%

50%

75%

100%

Other, Please explain: _____

I am requesting a dues curtailment of ____ % for this fiscal year.

Member's Signature: _____

Date: __/__/____

For APMA Use Only

