

APPLICATION



Please print clearly and complete all fields.

Company Name: _____

Company Contact Person (Name and Title): _____

(This person will be the point of contact for all membership correspondence including requests for information necessary to provide company with benefits of membership.)

Phone Number: _____ Fax: _____

E-Mail for Contact Person: _____

Signature of Authorized Company Representative: _____

Company Address: _____

Company Website: _____

Type of Product or Service: _____

What is your interest in podiatry? _____

What are your goals in a partnership with the CPMA? _____

CPMA Corporate Member Participation Levels:

Presidential \$6,500 Executive \$3,500 Associate \$1850

Please see Reverse Side to Complete Application

APPLICATION

Choose your level for Corporate Membership in the California Podiatric Medical Association.

Please find our check for Corporate Membership in the amount of:

Presidential \$6,500 Executive \$3,500 Associate \$1850
(Please circle one)

Please charge our (Please circle one) for our Corporate Membership

Visa MasterCard Amex

For the amount of: (Please circle one)

Presidential \$6,500 Executive \$3,500 Associate \$1850

Name on Card: _____

Card Number: _____

Expiration Date: _____ Signature: _____

***Please attach a brief summary/profile of your company to this application.
This information will be used in the application review and approval process.*

Please submit your completed application to CPMA:



California Podiatric Medical Association
Attn: Corporate Membership
2430 K Street, Suite 200
Sacramento, CA 95816
Fax: (916) 448-0258

Upon receipt and approval of your completed application for membership and dues, you will receive a Corporate Membership Kit that includes all of the necessary information to take advantage of your Corporate Member benefits.

All applications for Corporate Membership will be reviewed and approved by the CPMA Board of Directors.