



Application Form

- Please complete this application and the accompanying APMA application.
- Enclose check for \$10.00 payable to NCFAS.
- Return with the APMA application and payment to the address below.

First Name	Middle	Last
Firm Name		
Address		
City	State	Zip
Phone (Office)	Home	Fax
Spouse Name (if applicable)		
NC License No.	Other Licenses	

Signed: _____ Date: _____

Two members in good standing of the North Carolina Society must sign this application:

Signed: _____

Signed: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

**The North Carolina Foot and Ankle Society is a component of
The American Podiatric Medical Association.**

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