



Members Issue Form

Please complete this form in order for the CFPM board to address/follow up with any national issues (excluding insurance issues) or complaints. Attach all other documentation relating to this issue.

DATE: _____

MEMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

ISSUE: _____

DESIRED OUTCOME: _____

I understand that my name may be used during inquiries and correspondence pertaining to this issue.



CFPM

Canadian Federation of Podiatric Medicine

Signature

Date