AMERICAN ORTHOPAEDIC FOOT & ANKLE SOCIETY®

APPLICATION FOR MEMBERSHIP

International Surgeon in Training

MEMBERSHIP CRITERIA CHECKLIST

- MD, DO, or orthopaedic surgeon in training practicing outside the US or Canada
- Enrolled in an orthopaedic surgery residency training program or an orthopaedic fellowship program
- Interested in the advancement of orthopaedic knowledge of the treatment and conditions of the foot and ankle

SUBMISSION REQUIREMENTS CHECKLIST

- Completed application form signed by you as well as your residency training or fellowship program director
- Current Curriculum Vitae
- Digital professional photo (color preferred)

Annual dues: $100
A prorated invoice will be provided upon membership approval. Membership in this category shall be for no more than six (6) years and would conclude when the surgeon is Board certified by their country.

Submission deadlines: Applications are accepted throughout the year via email, fax, or mail. The AOFAS Board of Directors approves applications on a monthly basis.

PLEASE PRINT. All information must be provided in English.

Name _____ **Degrees:** ☐ MD ☐ DO Other: _____
Last First Middle Name or Initial Suffix (e.g. Jr. or II)

Informal First Name _____

Date of Birth ____/____/____ **Sex:** ☐ **Male** ☐ **Female** ☐ **Prefer Not to Answer**
mm dd yy

Preferred *FAI* Mailing Address: ☐ Office ☐ Home
Preferred Dues Mailing Address: ☐ Office ☐ Home
Primary Email Address: ☐ Office ☐ Home

OFFICE CONTACT INFORMATION

Practice/University/Facility Name _____
Department _____ **Job Title** _____
Street Address _____ **Building or Suite** _____
City/Region _____ **State/Province** _____ **ZIP/Postal Code**_____ **Country** _____
Phone _____ **Fax** _____
Country Code City Code Area Code Number Country Code City Code Area Code Number
Website _____ **Email** _____

HOME CONTACT INFORMATION

Street Address _____ **Apartment or Unit** _____
City/Region _____ **State/Province** _____ **ZIP/Postal Code**_____ **Country** _____
Phone _____ **Cell Phone** _____
Country Code City Code Area Code Number Country Code City Code Area Code Number
Email _____

Colleague Contact – AOFAS Members may log in to the members-only section of the website to obtain colleague contact information including work address and phone, email addresses, and home and cell phone numbers if permitted for release.

☐ Check here if you DO NOT want your home phone made available to AOFAS members
☐ Check here if you DO NOT want your cell phone made available to AOFAS members

Continued on next page

American Orthopaedic Foot & Ankle Society
International Surgeon in Training

EDUCATION AND TRAINING

Name of Medical School _____

City, State, Country _____

Year of Graduation (e.g. 2010) _____

Orthopaedic Residency

Program/Institution Name _____

Year of Completion (actual or expected) _____

City, State, Country _____

Residency Training Director Name _____

Other Residency Training, if any _____

Other Degrees (if applicable)

Degree _____ Year Received _____

Name of School or Institution _____

City, State, Country _____

Foot & Ankle Fellowship (if applicable)

Program/Institution Name _____

Year of Completion (actual or expected) _____

City, State, Country _____

Fellowship Director Name _____

Other Fellowship Training, if any _____

Other Degrees (if applicable)

Degree _____ Year Received _____

Name of School or Institution _____

City, State, Country _____

SPONSORSHIP

Name of Residency Training Director or Fellowship Program Director _____

Director Signature _____ Date ____ / ____ / ____
mm dd yy

AGREEMENT

By signing below, I attest that the above information is true. I understand that completion and submission of this application form provides written permission for the AOFAS to make inquiries and investigate as it deems necessary to verify my credentials and professional standing. I acknowledge that my name and work address may be provided to third parties approved for list rental.

Signature _____ Date ____ / ____ / ____
mm dd yy

SUBMISSION

Please submit this application and other application materials (identified in the Submission Requirements Checklist on the first page of this application) to AOFAS via email, fax, or mail:

Email: membership@aofas.org
Fax: 847-692-3315
Mail: AOFAS, 9400 W. Higgins Road, Suite 220, Rosemont, IL 60018-4975

Questions? Contact AOFAS Membership at 800-235-4855 or +1-847-698-4654 (outside US).

Upon receipt of all application requirements, your documents will be reviewed by the AOFAS Membership Committee and then your name will be presented for final approval to the Board of Directors. You will be informed of the review progress as it proceeds and notified when your membership has been approved. At that time, your prorated dues notice will be sent and your subscription to *Foot & Ankle International* and all other member benefits will begin.

Thank you for your interest in the American Orthopaedic Foot & Ankle Society.