

# APPLICATION FOR MEMBERSHIP

## Active Member

### MEMBERSHIP CRITERIA CHECKLIST

- Board certified by the ABOS, AOBOS, or RCPSC
- Active Fellow of AAOS or Active Member of AOA or COA (Canadian Orthopaedic Association) **Member ID:** \_\_\_\_\_
- Practicing orthopaedic surgeon
- Interested in the advancement of orthopaedic knowledge of the treatment and conditions of the foot and ankle

### Military

- Meet the requirements of Active Membership and serving on active duty

### SUBMISSION REQUIREMENTS CHECKLIST

- Completed application form including signature
- One signed letter of sponsorship from an AOFAS Active or Emeritus Member
- Current Curriculum Vitae
- Digital professional photo (color preferred)
- Application fee of \$50 (US funds)
- Military Only:** Papers verifying active duty status

**Annual dues: \$725 Active / \$350 Active Military (US funds)**  
A prorated invoice will be provided upon membership approval.

**Submission deadlines:** Applications are accepted throughout the year via email 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: \_\_\_\_\_ **NPI** \_\_\_\_\_  
Last First Middle Suffix

**Date of Birth** \_\_\_\_\_ **Informal First Name** \_\_\_\_\_ **Name for Certificate** \_\_\_\_\_  
mm dd yy

**Gender:**  Male  Female  Transgender Female  Transgender Male  Gender Variant/Non-Conforming  Prefer Not to Answer

**Race:**  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  
 Middle Eastern/North African  White  Non-US Native  None of the Above  Prefer Not to Answer

**Practice Type:**  Solo  Orthopaedic group  Multi-specialty group  Full-time employee of medical school/university  Other

**Year Entered Practice** \_\_\_\_\_ **Practice Time Devoted to Foot and Ankle:**  0-24%  25-49%  50-74%  75-100%

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

**American Medical Association Member?**  Yes  No **American College of Surgeons Member?**  Yes  No

### 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** \_\_\_\_\_

**Office Assistant Name** \_\_\_\_\_ **Assistant 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

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## American Orthopaedic Foot & Ankle Society Active Member

### EDUCATION AND TRAINING

Name of Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City, State, Country \_\_\_\_\_

#### Orthopaedic Residency

Program/Institution Name \_\_\_\_\_

Year of Completion \_\_\_\_\_

City, State, Country \_\_\_\_\_

Residency Training Director Name \_\_\_\_\_

Other Residency Training, if any \_\_\_\_\_

#### Foot & Ankle Fellowship (if applicable)

Program/Institution Name \_\_\_\_\_

Year of Completion \_\_\_\_\_

City, State, Country \_\_\_\_\_

Fellowship Director Name \_\_\_\_\_

Other Fellowship Training, if any \_\_\_\_\_

#### Other Degrees (if applicable)

Degree \_\_\_\_\_ Year Received \_\_\_\_\_ Degree \_\_\_\_\_ Year Received \_\_\_\_\_

### PROFESSIONAL EXPERIENCE

#### Board Certification Year(s)

ABOS Certification \_\_\_\_\_

AOBOS Certification \_\_\_\_\_

RCPSC Certification \_\_\_\_\_

Other Board Certifications, if any \_\_\_\_\_

\_\_\_\_\_

#### Memberships

*Choose all that apply; please list year admitted*

Active Fellow of the AAOS \_\_\_\_\_

Active Member of the AOA \_\_\_\_\_

Active Member of the COA \_\_\_\_\_

#### Teaching

Are you involved in teaching orthopaedic residents?

Yes  No If yes, list your teaching affiliations/institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you teach orthopaedic foot and ankle fellows?

Yes  No If yes, list your teaching affiliations/institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### SPONSORSHIP

A current AOFAS Active or Emeritus Member must provide a letter of sponsorship on your behalf.

Sponsor Name \_\_\_\_\_

Letter of sponsorship should be signed and sent directly by its author to AOFAS via email or mail:

Email: membership@aofas.org • Mail: 9400 W. Higgins Road, Suite 220, Rosemont, IL 60018-4975

### 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

### APPLICATION FEE

#### Payment of \$50 application fee (non-refundable)

Check (payable in US Dollars to American Orthopaedic Foot & Ankle Society)

Credit Card:  MasterCard®  VISA®  AmEx®  Discover®

Card Holder Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Account Number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date (mm/yy) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal \_\_\_\_\_ Country \_\_\_\_\_

### 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 or mail:

Email: membership@aofas.org

Mail: 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 member benefits will begin. Your subscription to *Foot & Ankle International* will begin upon payment of dues.