

AOFAS STUDENT AFFILIATE APPLICATION

The American Orthopaedic Foot & Ankle Society (AOFAS) will extend students with an interest in foot and ankle a complimentary affiliation with AOFAS. Affiliates will be granted access to the OnDemand Education Center (ONE), our online education platform, and will receive targeted AOFAS messaging to help enhance their medical journey.

As affiliates, they will not be actual members, will not receive Foot & Ankle International, and will not be eligible to vote or serve on committees. The simple application below will only be used to establish eligibility and obtain contact information.

ELIGIBILITY & BENEFITS

Medical Student Affiliates must be enrolled in an accredited medical school approved by the Association of American Medical Colleges, the American Osteopathic Association, or the Association of Faculties of Medicine of Canada and have an interest in the advancement of orthopaedic knowledge of treatment and conditions of the foot and ankle.

Allied Health Student Affiliates must be in school or training to become an allied health professional (nurses, nurse practitioners, physician assistants, orthopaedic technicians, physical therapists, athletic trainers, and orthotists/pedorthotists and prosthetists) and have an interest in the advancement of orthopaedic knowledge of the treatment and conditions of the foot and ankle.

International Student Affiliates must be in medical school to become an MD or DO and have an interest in the advancement of orthopaedic knowledge of the treatment and conditions of the foot and ankle.

AOFAS online benefits will be granted for four (4) years and end at the completion of medical school. At that time, interested Student Affiliates should join AOFAS as either a Surgeon in Training Member, International Surgeon in Training Member, or Allied Health/Associate – Basic Science Member and must fulfill the requirements of that category to continue their benefits with the Society.

APPLICATION INSTRUCTIONS

Please complete using a PC (not a Mac). Use the tab key to advance to each field and save your completed application to your computer prior to submission. Please submit the completed application form, a digital file of your CV, and your photo via email to membership@aofas.org. Applications are not considered complete until all supporting documents are received.

Applicant Information

Affiliate type: Medical Student Affiliate International Student Affiliate Allied Health Student Affiliate

First Name	Middle	Last	Degree	Date of Birth
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Home Address	City	State	Zip Code	Country
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Home Email	Home Phone	Cell Phone
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Gender

- Male
- Female
- Gender Variant/Non-Binary
- Agender
- Transgender Male
- Transgender Female
- None of the above, please specify:

Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- None of the above, please specify:

Education

College/University	Date of Graduation	Degree Earned
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Medical School or Allied Health Program	Anticipated Date of Graduation	Anticipated Degree
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Name and Address of Medical School or Accredited Allied Health Program

Name of Medical School or Accredited Allied Health Program

Address	City	State	Zip Code	Country
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Military Service (if applicable)

Branch of Service	From mm/yy	To mm/yy	Rank	Location
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Provide Your Curriculum Vitae as a separate attachment.

How did you hear about the AOFAS Student Affiliate Program?

Email Program Director Resident Another Student AOFAS website Other _____

Signature of Applicant

Date