



APPLICATION FOR MEMBERSHIP

Associate Member

MEMBERSHIP CRITERIA CHECKLIST

- MD or DO degree
- Graduate of an orthopaedic residency program
- Ineligible or not intending to pursue certification by the ABOS, AOBOS, or RCPSC
- Member of the AAOS, AOA, or COA (Canadian Orthopaedic Association) **Member ID:** _____
- Interested in the advancement of orthopaedic knowledge of the treatment and conditions of the foot and ankle

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)

Annual dues: \$575 (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

Continued on next page

American Orthopaedic Foot & Ankle Society Associate 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

Memberships

Choose all that apply; please list year admitted

AAOS _____

AOAO _____

COA _____

Other memberships, if any _____

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: 1515 E. Woodfield Road, Suite 850, Schaumburg, IL 60173

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 mailing 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: 1515 E. Woodfield Road, Suite 850, Schaumburg, IL 60173

Questions? Contact AOFAS Membership at +1-847-698-4654.

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 membership dues.