



APPLICATION FOR MEMBERSHIP

Candidate Member

MEMBERSHIP CRITERIA CHECKLIST

- MD or DO degree
- Graduate of an orthopaedic residency program
- Eligible 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

Military

- Meet the requirements of Candidate 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: \$575 Candidate / \$350 Candidate Military (US funds)
A prorated invoice will be provided upon membership approval.

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 _____ **Name for Certificate** _____ **NPI** _____

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

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 **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** _____

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 Candidate 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 Eligible _____
 AOBOS Eligible _____
 RCPSC Eligible _____
 Other Board Certifications, if any _____

Memberships

Choose all that apply; please list year admitted

Candidate Member of the AAOS _____
 Member of the AOA _____
 Member of the COA _____

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, fax, or mail:
 Email: membership@aofas.org • Fax: 847-692-3315 • 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 understand that Candidate Membership shall be limited to five (5) years following completion of training, including postgraduate fellowships. 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, fax, or mail:
 Email: membership@aofas.org • Fax: 847-692-3315 • 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 subscription to *Foot & Ankle International* and all other member benefits will begin.