

APPLICATION FOR MEMBERSHIP

International Member

MEMBERSHIP CRITERIA CHECKLI	ST		SU	BMISSION REQUI	REMENTS CI	HECKLIST	
☐ Board-certified orthopaedic surg	eon practicing outs	tside					
the US and Canada				One signed letter	of sponsorshi	p from an	
☐ Interested in the advancement of		O .		AOFAS Active or I	nternational N	/lember	
of the treatment and conditions of	f the foot and ankle	;		Current Curriculur			
				Digital professiona			
				Application fee of	\$50 (US fund	s)	
				nual dues: \$450 (U		pon membership	approval.
Submission deadlines: Applications a	re accepted through	out the year via ema	il or ma	il. The AOFAS Board	of Directors ap	oproves application	ns on a monthly basis.
PLEASE PRINT. All informat	ion must be pr	rovided in Eng	glish.				
Name	Middle	Suffix		Degrees: 🗆 N	MD □ DO C	Other: I	NPI
				Name	for Certificat	te	
	der: Male Female Transgender Female Transgender Male Gender Variant/Non-Conforming Prefer Not to Answer						
Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Non-US Native ☐ None of the Above ☐ Prefer Not to Answer							
Practice Type: ☐ Solo ☐ Orthopae	dic group 🗆 Multi-s	specialty group	Full-tir	ne employee of me	edical school/u	university Othe	er
Year Entered Practice F							
Preferred <i>FAI</i> Mailing Address:					.070	.,. = 10 .00,	
Freieneu / A/ Mailing Address.	JIIICE D'HOITIE FIII	mary Eman Addre	,33. L	Office Difforme			
OFFICE CONTACT INFORM	ATION						
Practice/University/Facility Name							
Department							
Street Address City/Region					Country		
PhoneCountry Code City Code			Fax		uc	Oodiiii y _	
				Country Code	•		Number
Website							
Office Assistant Name		Assis	stant E	mail			
Street Address				-			
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Street Address City/Region Phone Country Code City Code Email Colleague Contact – AOFAS Member	State/Prov	Number e members-only se	Cell Ph	ZIP/Postal Co one Country Cod	e City Cod	Country _	Number
Street Address City/Region Phone Country Code City Code Email Colleague Contact – AOFAS Member	State/Prov	Number e members-only se	Cell Ph	ZIP/Postal Co one Country Cod	e City Cod	Country _	Number
Street Address City/Region Phone Country Code City Code Email	Area Code ers may log in to the s, and home and ce your home phone m	Number e members-only seell phone numbers nade available to A	ection of the section	ZIP/Postal Coone Country Cod f the website to obnitted for release. members	e City Cod	Country _	Number

American Orthopaedic Foot & Ankle Society International Member

EDUCATION AND T	RAINING					
Name of Medical School			Year of Graduation			
City, State, Country						
Orthopaedic Residency			Foot & Ankle Fellowship (if applicable)			
			Program/Institution Name			
			Year of Completion			
			City, State, Country			
· · · · · ·	or Name		Fellowship Director Name			
	if any		Other Fellowship Training, if any			
earler riseraerie, maining,						
Other Degrees (if applica	,	·				
Degree	Year Received	Degre	e Year Received			
PROFESSIONAL EX	(PERIENCE					
Certification			Teaching			
Are you certified by the national board of orthopaedic surgery in your country? ☐ Yes ☐ No Year Certified			Are you involved in teaching orthopaedic residents? ☐ Yes ☐ No If yes, list your teaching affiliations/institutions:			
Name of Certifying Board			1			
	eties and/or foot and ankle so	cieties in your	2			
country of which you are a	a member in good standing		3			
1						
Dates: from year	to year		Do you teach orthopaedic foot and ankle fellows?			
2			\square Yes \square No If yes, list your teaching affiliations/institutions:			
Dates: from year	to year		1			
3			2			
Dates: from year	to year		3			
SPONSORSHIP						
	r International Member must p	rouido o lottor of opon	corphin on your hehelf			
Sponsor Name	i international Member must p	rovide a letter of sport	sorship on your behan.			
•		. h ita a tha a ta AOF	AC . in annuil or mail.			
	uld be signed and sent directly s.org • Mail: 9400 W. Higgins	•				
AGREEMENT						
provides written permission	on for the AOFAS to make inqu	iries and investigate a	completion and submission of this application form as it deems necessary to verify my credentials and e 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®			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			
Card Holder Name	Authorized Signature		Questions? Contact AOFAS Membership at 800-235-4855 or +1-847-698-4654 (outside US).			
Account Number	Security Code	Expiration Date (mm/yy)				
Billing Address	City	State/Province	name will be presented for final approval to the Board of Directors. You will be informed of the review progress as it proceeds and			
ZIP/Postal	Country		 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. 			