

APPLICATION FOR MEMBERSHIP

International Member

MEMBERSHIP CRITERIA CHECKLIST

- Board-certified orthopaedic surgeon practicing outside the US and Canada
- 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 International Member
- Current Curriculum Vitae
- Digital professional photo (color preferred)
- Application fee of \$50 (US funds)

Annual dues: \$450 (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

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 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

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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