

# 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

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

### 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 International 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

#### Certification

Are you certified by the national board of orthopaedic surgery in your country?  Yes  No Year Certified \_\_\_\_\_

Name of Certifying Board \_\_\_\_\_

Orthopaedic surgery societies and/or foot and ankle societies in your country of which you are a member in good standing

1. \_\_\_\_\_

Dates: from year \_\_\_\_\_ to year \_\_\_\_\_

2. \_\_\_\_\_

Dates: from year \_\_\_\_\_ to year \_\_\_\_\_

3. \_\_\_\_\_

Dates: from year \_\_\_\_\_ to year \_\_\_\_\_

#### Teaching

Are you involved in teaching orthopaedic residents?

Yes  No If yes, list your teaching affiliations/institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you teach orthopaedic foot and ankle fellows?

Yes  No If yes, list your teaching affiliations/institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### SPONSORSHIP

A current AOFAS Active or International 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](mailto:membership@aofas.org) • Mail: 1515 E. Woodfield Road, Suite 850, Schaumburg, IL 60173, USA

### 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 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](mailto: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.