

# APPLICATION FOR MEMBERSHIP

## MD Affiliate Member

### MEMBERSHIP CRITERIA CHECKLIST

- Non-surgeon MD or DO
- Resides in the US or 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
- Current Curriculum Vitae
- One signed letter of sponsorship from an AOFAS Active Member
- Digital headshot photo (color preferred)

**Submission deadlines:** Applications are accepted throughout the year via email or mail. The AOFAS Board of Directors approves applications on a monthly basis.

**Annual dues: \$250 (US funds)**

A prorated invoice will be provided upon membership approval.

**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

**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** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone Extension** \_\_\_\_\_

### 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

## American Orthopaedic Foot & Ankle Society MD Affiliate Member

### EDUCATION

**Name of Graduate School or Institution** \_\_\_\_\_

City, State, Country \_\_\_\_\_ Degree \_\_\_\_\_

Year of Graduation (e.g. 2000) \_\_\_\_\_ Field \_\_\_\_\_

#### Residency or Fellowship (if applicable)

Residency Program \_\_\_\_\_ Fellowship Program \_\_\_\_\_

Time Period \_\_\_\_\_ to \_\_\_\_\_ Time Period \_\_\_\_\_ to \_\_\_\_\_

Practice/University/Institution \_\_\_\_\_ Practice/University/Institution \_\_\_\_\_

Area of Focus \_\_\_\_\_ Area of Focus \_\_\_\_\_

#### Certifications

Certification \_\_\_\_\_ Year Received \_\_\_\_\_ Certification \_\_\_\_\_ Year Received \_\_\_\_\_

Name of School or Organization \_\_\_\_\_ Name of School or Organization \_\_\_\_\_

City, State, Country \_\_\_\_\_ City, State, Country \_\_\_\_\_

#### Brief statement on your medical field, as it applies to foot and ankle orthopaedics (maximum 35 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROFESSIONAL EXPERIENCE

Do you hold a faculty position at a university?  Yes  No

If yes, please indicate your title \_\_\_\_\_

### SPONSORSHIP

A current AOFAS Active Member must provide a letter of sponsorship on your behalf.

**Sponsor Name** \_\_\_\_\_

Letter of sponsorship should be signed and sent directly by its author via email, fax, or mail:

Email: [membership@aofas.org](mailto:membership@aofas.org) • Fax: 847-692-3315

Mail: AOFAS, 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 acknowledge that my name and work mailing address may be provided to third parties approved for list rental.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy

### 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: AOFAS, 9400 W. Higgins Road, Suite 220, Rosemont, IL 60018-4975

**Questions?** Contact AOFAS Membership at 800-235-4855 or +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.

**Thank you for your interest in the American Orthopaedic Foot & Ankle Society.**