



American College of Foot and Ankle Surgeons™

Proven leaders. Lifelong learners. Changing lives.

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Application for Change Status from Associate Member to Fellow

(PLEASE TYPE OR PRINT LEGIBLY)

(CHECK EACH BOX AS APPLICABLE AND PROVIDE THE DATE)

FELLOW: I am a Diplomate of ABPS, Certified in:

- Foot Surgery _____ (date)
- Reconstructive Rearfoot/Ankle Surgery _____ (date)

NAME: _____
(FIRST) (MI) (LAST) (SUFFIX)

DEGREE ABBREVIATIONS (add others if needed): _____

PRINCIPAL OFFICE / PRIMARY ADDRESS

CLINIC/INSTITUTION: _____

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

(Busn Phone) (Busn Fax)

E-Mail address: _____

All certificates are delivered to your place of business.

Upon approval of my application I would like my name printed on my certificate (no cost) as follows:

_____ followed by DPM, FACFAS
(please print name)

E-Group will contact you directly about framing options. Certificate orders may take several months to process.
(See Payment Information below for purchase of additional certificates.)

PAYMENT INFORMATION

____ Enclosed is payment of \$95.00 covering the (non-refundable) processing fee.

____ I would like to order ____ additional certificates @ \$40 each: \$ _____

____ Check No. _____ ____ VISA ____ MasterCard ____ American Express

CREDIT CARD NUMBER: _____ EXP DATE: ____/____

SIGNATURE: _____