



**American College of
Foot and Ankle Surgeons™**

Proven leaders. Lifelong learners. Changing lives.

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www.FootPhysicians.com

2010 INTERNATIONAL AFFILIATE APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

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

PREVIOUS LAST NAME: (CHANGE DUE TO MARRIAGE, DIVORCE, ETC.) _____

DEGREE ABBREVIATIONS: _____

YOUR PRINCIPAL OFFICE / PRIMARY MAILING ADDRESS

CLINIC/INSTITUTION: _____

ADDRESS: _____

(CITY) (STATE/PROVINCE) (POSTAL CODE) (COUNTRY)

TELEPHONE: Office (_____) _____

FAX: Office (_____) _____

CELL: (_____) _____

E-MAIL ADDRESS: _____

WEB SITE: Office _____

MEDICAL SCHOOL GRADUATED: _____

DEGREE: _____ YEAR GRADUATED: _____

OTHER APPLICABLE EDUCATION: _____

DEGREE: _____ YEAR COMPLETED: _____

APPLICABLE CERTIFICATIONS: _____

Applicant's Name: _____

PRACTICE TYPE: (Select only one)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> SOLO PRACTITIONER | <input type="checkbox"/> PODIATRIC MED/SUR GROUP | <input type="checkbox"/> VA |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> EDUCATIONAL INSTITUTION | <input type="checkbox"/> HMO |
| <input type="checkbox"/> MULTI-SPECIALTY GROUP | <input type="checkbox"/> MILITARY | <input type="checkbox"/> OTHER _____ |

STATUS IN PRACTICE: OWNER EMPLOYEE PARTNER
(Please check only one box)

WHAT % OF YOUR PRACTICE IS FOOT AND ANKLE SURGERY? _____

COUNTRY(S) IN WHICH YOU ARE LICENSED TO PRACTICE: _____

IN WHAT OTHER PROFESSIONAL SOCIETIES/ORGANIZATIONS ARE YOU AFFILIATED?

IN WHAT YEARS HAVE YOU ATTENDED THE FOLLOWING ACFAS EVENTS:

- ACFAS ANNUAL SCIENTIFIC CONFERENCE _____
- ACFAS SURGICAL SKILLS SEMINARS _____
- ACFAS PRACTICE MANAGEMENT WORKSHOPS _____
- ACFAS CODING AND BILLING WORKSHOPS _____
- ACFAS TRAUMA COURSES _____
- OTHER ACFAS SEMINAR/WORKSHOP (PLEASE SPECIFY TITLE AND YEAR ATTENDED)

OTHER ACFAS ACTIVITIES (PLEASE SPECIFY ACTIVITY, LOCATION AND YEAR)

DATE OF BIRTH: _____ (Month/Day/Year) GENDER: MALE FEMALE
(These items are for demographic purposes only)

I authorize the College to make such inquiries and to obtain such information as it deems necessary or appropriate to evaluate my qualifications for membership. I understand that this information will remain confidential. I further authorize any hospital, any medical staff, any medical organization and any person, who may have information that the College deems relevant to its evaluation of my application, to provide such information to the College upon its request.

By providing my name, telephone number, facsimile number(s), and e-mail address(es) and signing this form, I expressly consent to the delivery of communications promoting the commercial availability or quality of any events, goods, or services from the American College of Foot and Ankle Surgeons or its licensees or vendors, whether by facsimile, electronic mail, or regular mail.

I will adhere to the By-Laws and Principles of Professional Conduct of the College.

Signature Required

Date

ACFAS International Affiliate year is January 1 thru December 31

International Affiliate Cost:

Now through December 2010

US\$ 175.00

Prorated: July through December 2010

US\$ 87.50

Total Enclosed or to be Charged

US\$ _____

VISA

MasterCard

American Express

Credit Card Number: _____ **EXP DATE:** ___ / ___

Signature: _____ **Date:** _____

Please fill out this application and return to ACFAS in one of the following ways:

1. **Via mail to:** American College of Foot and Ankle Surgeons
Attn: Michelle D. Brozell, MS, CAE
8725 W. Higgins Rd #555
Chicago, IL 60631 USA
2. **Via fax to:** (773) 693-9304, Attn: Michelle D. Brozell, MS, CAE
3. **Via e-mail to:** mbrozell@acfas.org

Your application will be reviewed and you will receive a response within two weeks of receipt at the ACFAS office.