American College of Foot and Ankle Surgeons®

EMERITUS MEMBERSHIP APPLICATION – 2026

JANUARY 1, 2026 – DECEMBER 31, 2026

To be eligible for Emeritus membership status, an active Fellow or Associate Member shall:

- Be a member in good standing for 15 consecutive years, AND
- Have reached the age of 62, AND
- Be actively engaged in practice no more than 20 hours per week, or been forced into curtailment of practice because of illness (submission of written statement from physician, other than self, is required), AND
- Maintain Certified, Qualified or Retired status with the American Board of Foot and Ankle Surgery (ABFAS).

OR

- Be completely retired and remain retired from practice AND
- A member in good standing for 25 consecutive years, AND
- Maintain Certified, Qualified or Retired status with the American Board of Foot and Ankle Surgery (ABFAS).

Emeritus Members are entitled to all the rights and privileges of the College, but are not entitled to hold elective office. Emeritus Members pay 50% of dues as established by the Board of Directors. Emeritus Members may continue to use the appropriate designation (FACFAS, AACFAS) after their name.

Name: (PLEASE TYPE OR PRINT LEGIBLY)

First: _____ MI: _____ Last: _____ Suffix: _____

Previous Last Name (Change due to marriage, divorce, etc.): _____

Spouse Name: _____

Mailing/Billing Address: ☐ Home Address ☐ Office Address

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____ (OTHER THAN USA)

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Birth Date: _____ **Age**: _____ **Weekly Number of Hours in Practice**: _____

Authorization: I hereby affirm that I am in accordance with the above stated ACFAS Bylaws and that the information contained in this application is true to the best of my knowledge. I understand that if approved, I may maintain my Emeritus Member status as long as I continue to qualify under the bylaws and board policies of the College. If I return to practice or the amount of my practice hours increases beyond the set limit of twenty (20) hours per week, my status will revert back to a regular Fellow or Associate Member.

Signature: _____ Date: _____

Payment Information – January 1, 2026 – December 31, 2026

☐ VISA ☐ MasterCard ☐ American Express or Check # _____ Amount Enclosed: $ 340

Credit Card Number: _____ Exp. Date: ____/____ Security Code _____

Name on Card: _____ Signature: _____

Return by: **Upload to Membership Dropbox**: https://www.acfas.org/membershipdropbox/ **Fax**: 773-444-1340.
Mail: American College of Foot and Ankle Surgeons, PO Box 4528, Carol Stream, IL 60122-4528.

Questions: Contact Terry Wilkinson, PhD, CAE at 773-444-1301 or by email at terry.wilkinson@acfas.org.
Your application will be reviewed and you will receive a status response within two weeks of receipt.

Batch # _____ Amount $ _____

Office Use