



ID#: _____
Office Use

Change of Status from Associate Member to Fellow Member Application - 2019

ACFAS Associate Members who have earned Board Certified status through the American Board of Foot and Ankle Surgery (ABFAS) may use this application to change their ACFAS status to Fellow Member.

ABFAS Board Certified in:

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

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

Academic Degree Abbreviations (add others as needed): _____ DPM

Primary Office Address: (All certificates are shipped to the primary office address)

Principal Office Name: _____

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ (OTHER THAN USA)

Website: _____

Primary Personal Email Address*: _____

**Email addresses do not appear in the ACFAS directory or FootHealthFacts.org.*

Name on Certificate: Upon approval of my application I would like my name printed on my certificate (one certificate included with application fee) 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

Non-refundable processing fee: \$ 95

Additional Certificates (\$40 each) *Optional*: \$ _____

Total Enclosed or to be Charged: \$ _____

Check # _____ VISA MasterCard American Express

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

Name on Card: _____ Signature: _____

Return by: **Fax: 773-693-9304** or;

Mail to Lockbox: American College of Foot and Ankle Surgeons, Department 4528, Carol Stream, IL 60122-4528.

Questions: Contact Terry Wilkinson, PhD, CAE, Membership Manager at **773-444-1301** or **terry.wilkinson@acfas.org**

Batch # _____ Approval # _____ Amount \$ _____
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