

8725 West Higgins Road Suite 555 Chicago, Illinois 60631-2724

Amount \$ _

info@acfas.org 773-693-9300 phone 773-693-9304 fax acfas.org FootHealthFacts.org

ID #:	
	Office Use

2021-2022 First-Year Resident (PGY1) Member Application

City:					
Residency Director Signature	Name of Residency Pr	rogram:			
Residency Director Signature	Residency Director Na	ame:		Email:	
Compared to the part of the	Signature of Your Res	sidency Director Rec	ıuired:		
(FIRST) (MIDDLE) (LAST) (SUFF Previous Last Name:				(Residency Director Signature)	
Previous Last Name:	Name:	(Fig. 0.7.)	(Minnis)	(1.407)	(0,155)
City:		,	,		,
State:			Spouse		
State:	Home Address:	(Mail is sent to	Resident's Local Home A	Unit/Apt:	
Home Phone:	City:	,		•	Zin [.]
Personal Email: Podiatric School: AzPod (AZ) CSPM (CA) Barry (FL) DMU (IA) Scholl (IL)					
Podiatric School: AzPod (AZ) CSPM (CA) Barry (FL) DMU (IA) Scholl (IL) Podiatric School Grad Year: Residency: PMSR PMSR/RRA Other Expected Residency Completion Date: Po you agree to have your name listed in the Members-Only Directory on the ACFAS.org website? Yes No Date of Birth: Gender: Male Female For demographic purposes only.) unthorization: I authorize the College to make such inquiries and to obtain such information as it deems necessary or appropriate to evaluate usellifications for membership. I understand that this information will remain confidential. I further authorize any hospital, any medical staff, any edical organization and any person, who may have information that the College deems relevant to its evaluation of my application, to provide formation to the College upon its request. Ay providing my name, telephone number, facsimile number(s), and e-mail address(es) and signing this form, I expressly consent to the delive formations promoting the commercial availability or quality of any events, goods, or services from the American College of Foot and Ank urgeons or its licensees or vendors, whether by facsimile, electronic mail, or regular mail. will adhere to the By-Laws and Principles of Professional Conduct of the College. Date esident Dues: \$124 October 1, 2021 – September 30, 2022 Please allow up to 14 business days for processing tembership during your first year (PGY1) of Residency valued at \$124.					
Podiatric School Grad Year:					
Residency: PMSR PMSR/RRA Other	Podiatric School:			☐ Barry (FL) ☐ DMU (IA) ☐ Temple (PA) ☐ WesternU	
Residency: PMSR PMSR/RRA Other	Podiatric School Grad	, ,	_	_ ' ' ' _	
Residency Start Date:			7 Other		
Do you agree to have your name listed in the Members-Only Directory on the ACFAS.org website? Yes No Date of Birth: Gender: Male Female (For demographic purposes only.) Authorization: I authorize the College to make such inquiries and to obtain such information as it deems necessary or appropriate to evaluate utalifications for membership. I understand that this information will remain confidential. I further authorize any hospital, any medical staff, any edical organization and any person, who may have information that the College deems relevant to its evaluation of my application, to provide formation to the College upon its request. Ay providing my name, telephone number, facsimile number(s), and e-mail address(es) and signing this form, I expressly consent to the delivery ammunications promoting the commercial availability or quality of any events, goods, or services from the American College of Foot and Ank surgeons or its licensees or vendors, whether by facsimile, electronic mail, or regular mail. Awill adhere to the By-Laws and Principles of Professional Conduct of the College. Date esident Dues: \$124 October 1, 2021 – September 30, 2022 Please allow up to 14 business days for processin on gratulations on your recent graduation! ACFAS and its Regions are supporting your career by giving you a complimentary tembership during your first year (PGY1) of Residency valued at \$124.	-	R PINISK/RRA	J Other		
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ongratulations on your recent graduation! ACFAS and its Regions are supporting your career by giving you a complimentary nembership during your first year (PGY1) of Residency valued at \$124.	Do you agree to have Date of Birth: (For dem uthorization: I authorize ualifications for members edical organization and a formation to the College y providing my name, tellommunications promoting urgeons or its licensees	gender: Gender: Gender: Gender: Gender: Gender: Gender: Gender: Genderstand that any person, who may lupon its request. Gephone number, facsing the commercial available or vendors, whether by	the Members-Only Direct Male Female Such inquiries and to obtain this information will remain of have information that the Co mile number(s), and e-mail a publication of any even- or facsimile, electronic mail, of	such information as it deems necess confidential. I further authorize any hollege deems relevant to its evaluation address(es) and signing this form, I exts, goods, or services from the America regular mail.	Yes No Sary or appropriate to evaluate my ospital, any medical staff, any no fmy application, to provide succepts of the delivery of the deliv
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mail: laura.kuhn@acfas.org Upload to: https://www.acfas.org/membershipdropbox/ uestions: Contact Laura Kuhn, Early Career Membership Manager at 773-444-1327 or by email at laura.kuhn@acfas.org.	Date of Birth: (For demuthorization: I authorizations for members edical organization and a formation to the College of providing my name, telepromoting or its licensees of will adhere to the By-Law esident Signature esident Dues: \$124 Organizations on your tembership during your	gender: Gen	the Members-Only Direct Male Female Y.) Such inquiries and to obtain this information will remain chave information that the Complete number(s), and e-mail ability or quality of any event of acsimile, electronic mail, of offessional Conduct of the Complete Stember 30, 2022 CEAS and its Regions are Residency valued at \$124.	such information as it deems necess confidential. I further authorize any hour lines of the second didress (es) and signing this form, I exts, goods, or services from the American regular mail. Date Please allow up to 14 bus supporting your career by giving your	Yes No Sary or appropriate to evaluate my ospital, any medical staff, any no fmy application, to provide successive consent to the delivery of ican College of Foot and Ankle siness days for processing. Siness days for processing.

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