



ID #: _____
Office Use

2018-2019 First-Year Resident (PGY1) Member Application

April 1, 2019 – September 30, 2019 *

Name of Residency Program: _____

Residency Director Name: _____ Email: _____

Signature of Your Residency Director Required: _____
(Residency Director Signature)

Name: _____
(FIRST) (MIDDLE NAME OR MI) (LAST) (SUFFIX)

Previous Last Name: _____ Spouse's Name: _____

Home Address: _____ Unit/Apt: _____
(Mail is sent to Resident's Local Home Address)

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Mobile Phone: _____ Personal Email: _____

Podiatric School: AzPod (AZ) CSPM (CA) Barry (FL) DMU (IA) Scholl (IL)
 NYCPC (NY) Kent State (OH) Temple (PA) WesternU (CA)

Grad Year: _____

Residency: PM&S-36 PM&S-48 PMSR PMSR/RRA Other _____

Residency Start Date _____ Expected Residency Completion Date: _____

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 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.

Resident Signature _____

Date _____

Dues: Congratulations on your recent graduation! ACFAS and its Regions are supporting your career by giving you a complimentary membership during your first year of Residency, valued at \$60 for April 1-September 30, 2019.

Return by:

Fax: 773-693-9304 Mail: American College of Foot and Ankle Surgeons. 8725 West Higgins Road, Suite 555, Chicago, IL 60631.

Questions: Call Laura Kuhn, Membership Manager at 773-444-1327. Email: laura.kuhn@acfas.org

Batch # _____ Approval # _____ Amount \$ _____
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