



## FELLOW / ASSOCIATE MEMBER CERTIFICATE ORDER FORM

Member ID Number: \_\_\_\_\_ My current category of membership is:  Associate Member  Fellow

Name: (PLEASE TYPE OR PRINT LEGIBLY)

First: \_\_\_\_\_ MI/Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

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

Academic Degree Abbreviations: DPM, \_\_\_\_\_

**Principal Office/Primary Address:** All certificates are mailed 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.*

**NOTE:** ACFAS only processes certificate orders which are shipped to your office from Centricity. Frames can be purchased through Church Hill Classics, 594 Pepper Street, Monroe, CT 06468.

Phone: 800-477-9005 Fax: 203-268-1535

Email: [info@diplomaframe.com](mailto:info@diplomaframe.com) Website: [www.diplomaframe.com/acfas](http://www.diplomaframe.com/acfas)

I wish to order \_\_\_\_\_ duplicate/additional certificate(s) at \$50 each. My certificate number is: \_\_\_\_\_  
**If no certificate number provided, the process date will be used. The names of current officers appear on the certificates.**

Inscribe my name on the certificate(s) as follows:

\_\_\_\_\_, DPM, AACFAS or DPM, FACFAS  
Please Print

**Payment Information:**  VISA  MasterCard  American Express or  Check # \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please Print

Return by: **Fax: 773-444-1340 Web:** Upload to our dropbox at: <https://www.acfas.org/membershipdropbox/>. **Mail to Lockbox:** 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 [terry.wilkinson@acfas.org](mailto:terry.wilkinson@acfas.org).

Batch # \_\_\_\_\_ Approval # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Office Use