



**American College of
Foot and Ankle Surgeons®**
Proven leaders. Lifelong learners. Changing lives.

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FootHealthFacts.org

ID#: _____

Change of Status from Associate Member to Fellow Member Application

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: _____
(OTHER THAN USA)

Telephone: _____ Fax: _____

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)

Certificate orders may take several months to process. (See Payment Information below for purchase of additional certificates.)

Payment Information

Non-refundable processing fee: \$ _____ 125

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: **Upload to Membership Dropbox:** <https://www.acfas.org/membershipdropbox/> **Fax:** 773-444-1340,

Mail: American College of Foot and Ankle Surgeons, P.O. 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 # _____ Approval # _____ Amount \$ _____
Office Use