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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 Sur	gery	(date)		
Name:(FIRST)				
(FIRST)	(MI)	(LA	AST)	(SUFFIX)
Academic Degree Abbreviations (ad	d others as needed):D	PM		
Primary Office Address: (All certifica	tes are shipped to the prima	ary office address)		
Principal Office Name:				
Address:				
City:				
Telephone:				(OTHER THAN USA)
Website:				
Primary Personal Email Address*:				
	(please print name)		followed by DPM	, FACFAS
Certificate orders may take several months	to process. (See Payment Info	rmation below for pu	rchase of additional certifica	ates.)
	Payment Inf	ormation		
Fellow Certificate: Additional Certificates (\$50 \$otal Enclosed or to be Cha	· · · · · · · · · · · · · · · · · · ·			
Check #	/ISA ☐ MasterCard ☐ /	American Express		
Credit Card Number:		Exp. Date:	/Security	Code
Name on Card:	Si	gnature:		
Return by: Upload to Membership Dr Mail : American College of Foot and A				1340,
Questions: Contact Terry Wilkinson, larviewed and you will receive a status			y.wilkinson@acfas.org. \	Your application will be
Batch #	Approval #		Amount \$	

Office Use