



## Life Membership Application - 2025

**Life Membership Eligibility:** To be eligible for Life membership status, an active Fellow or Associate Member shall:

- Be a member in good standing for fifteen (15) consecutive years, **AND**
- Be **completely** retired from practice; **AND**
- Have reached the age of 65, **AND**
- Maintain Certified, Qualified, or Retired status with the American Board of Foot and Ankle Surgery (ABFAS).  
**OR**
- Be a member in good standing for forty (40) consecutive years, **AND**
- Maintain Certified, Qualified or Retired status with the American Board of Foot and Ankle Surgery (ABFAS).  
**OR**
- Have served as ACFAS President and are now fully retired from practice, **AND**
- Maintain Certified, Qualified, or Retired Status with the American Board of Foot and Ankle Surgery (ABFAS)

Life Members shall be entitled to all the rights and privileges of the College, but are not entitled to hold elective office or vote. Life Members are exempt from paying dues. Life Members may continue to use the appropriate designation (FACFAS, AACFAS) after their name.

**Name:** (PLEASE TYPE OR PRINT LEGIBLY)

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

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

Spouse Name: \_\_\_\_\_

**Home Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ (OTHER THAN USA)

Email: \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date Retired:** \_\_\_\_\_

**Journal of Foot and Ankle Surgery (JFAS):** You receive electronic access to JFAS automatically. If you wish to continue to receiving print editions of JFAS, please check the box below.

I wish to continue receiving print copies of the *The Journal of Foot & Ankle Surgery*

**Authorization:** I hereby affirm that I am in accordance with the above stated ACFAS Bylaws and that the information contained in this application is true to the best of my knowledge. I understand that if approved, I may maintain my Life Member status as long as I continue to qualify under the bylaws and board policies of the College.

I hereby affirm that I am completely retired from practice.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Mail:** 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 by email at [terry.wilkinson@acfas.org](mailto:terry.wilkinson@acfas.org).

*Your application will be reviewed and you will receive a status response within two weeks of receipt.*