



active membership application

FOR OFFICE USE ONLY

You can also apply for membership online at www.aafp.org/memapp.pl

DATE OF APPLICATION

(MM) _____ (DD) _____ (YYYY) _____

Important: If you have held AAFP Active or Supporting family physician membership within the past two years, evidence of 100 CME credits earned during the past two years must also be submitted. Please submit your CME records along with your completed application to:

**AAFP; Attn: Contact Center
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680.**

You may also fax your CME records to Attn: Contact Center, (913) 906-6075.

ARE YOU A PREVIOUS MEMBER OF THE AAFP? YES NO

IF YES, PREVIOUS AAFP MEMBER ID (IF KNOWN) _____

IF YES, WHAT WAS YOUR PREVIOUS AAFP MEMBERSHIP TYPE?

STUDENT RESIDENT ACTIVE SUPPORTING INACTIVE

IF YES, APPROXIMATE DATE OF PREVIOUS MEMBERSHIP _____

CHAPTER AFFILIATION DURING PREVIOUS AAFP MEMBERSHIP _____

PERSONAL INFORMATION

NAME (FIRST) _____

(MIDDLE) _____

(LAST) _____ (SUFFIX) _____

(PREVIOUS LAST NAME, IF DIFFERENT) _____

DEGREE (MD/DO/PhD,ETC) _____

DATE OF BIRTH (MM) _____ (DD) _____ (YYYY) _____

MALE FEMALE

BUSINESS

PLEASE INDICATE WITH A CHECK MARK IF THIS IS YOUR PREFERRED MAILING ADDRESS FOR RECEIVING INFORMATION AND SUBSCRIPTIONS FROM THE AAFP.

OFFICE/PRACTICE/INSTITUTION NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____ COUNTY _____

CELL PHONE (_____) _____

OFFICE PHONE (_____) _____

FAX (_____) _____

EMAIL _____

(PLEASE NOTE THAT FOR CERTAIN MEMBER BENEFITS, YOU MUST PROVIDE A WORKING EMAIL ADDRESS IN ORDER TO RECEIVE THEM.)

HOME

PLEASE INDICATE WITH A CHECK MARK IF THIS IS YOUR PREFERRED MAILING ADDRESS FOR RECEIVING INFORMATION AND SUBSCRIPTIONS FROM THE AAFP.

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____ COUNTY _____

HOME PHONE (_____) _____

CELL PHONE (_____) _____

EMAIL _____

(PLEASE NOTE THAT FOR CERTAIN MEMBER BENEFITS, YOU MUST PROVIDE A WORKING EMAIL ADDRESS IN ORDER TO RECEIVE THEM.)

EDUCATION

MEDICAL SCHOOL

NAME _____
(PLEASE DO NOT ABBREVIATE)

CITY _____

STATE _____

COUNTRY _____

DEGREE _____

GRADUATION DATE/LEVEL OF TRAINING _____
(MM/DD/YYYY)

FAMILY MEDICINE RESIDENCY PROGRAM

NAME _____
(PLEASE DO NOT ABBREVIATE)

CITY _____

STATE _____

RESIDENCY COMPLETION DATE _____
(MM/DD/YYYY)

FELLOWSHIP/ADDITIONAL TRAINING (IF APPLICABLE)

NAME _____
(PLEASE DO NOT ABBREVIATE)

CITY _____

STATE _____

EMPHASIS _____

FELLOWSHIP COMPLETION DATE _____
(MM/DD/YYYY)



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PROFESSIONAL INFORMATION

LICENSURE

LICENSE NO. _____

STATE _____

DATE ISSUED _____ EXPIRATION DATE _____

HAVE YOU EVER BEEN DENIED MEMBERSHIP IN A COUNTY OR STATE MEDICAL SOCIETY; HAD YOUR LICENSE SUSPENDED OR REVOKED; VOLUNTARILY SURRENDERED YOUR LICENSE; OR, BEEN CONVICTED OF A FELONY OR VIOLATION OF ANY STATE OR FEDERAL NARCOTICS ACT?

YES NO

IF YES, PLEASE EXPLAIN (ATTACH A SEPARATE PAGE IF NECESSARY TO FULLY EXPLAIN)

ARE YOU CURRENTLY CERTIFIED BY THE AMERICAN BOARD OF FAMILY MEDICINE (ABFM) THROUGH A RECIPROCIITY AGREEMENT BETWEEN THE ABFM AND A FOREIGN COLLEGE OF FAMILY MEDICINE OR GENERAL PRACTICE?

YES NO

ARE YOU NOW ENGAGED IN FAMILY MEDICINE? YES NO

IF YES, DATE YOU ENTERED FAMILY MEDICINE _____
(MM/DD/YYYY)

CURRENT PRACTICE ACTIVITIES (PLEASE CHECK ALL THAT APPLY)

- SOLO PRACTICE
- GROUP PRACTICE
- TEACHING
- EMERGENCY MEDICINE
- RESEARCH
- MILITARY / BRANCH _____
- GOVERNMENT (NON-MILITARY)
- OTHER _____

SIGNATURE/CERTIFICATION

In signing this application, I certify that the above information is correct and complete and do hereby agree to abide by the bylaws of the American Academy of Family Physicians and the bylaws of my constituent chapter. I understand that by providing my mailing address, e-mail address, telephone numbers, and fax number, I consent to receive communications sent by or on behalf of the AAFP (and its subsidiaries and affiliates) via regular mail, e-mail, telephone, or fax. I understand that the AAFP will not share my e-mail address, telephone number, or fax number with other organizations.

SIGNATURE _____

DATE _____

PAYMENT

PAYMENT OF DUES IS REQUIRED BEFORE YOUR MEMBERSHIP WILL BE ACTIVATED. IF THE CONSTITUENT CHAPTER YOU AFFILIATE WITH INCLUDES A LOCAL CHAPTER (A LOCAL CHAPTER MAY EXIST IN A PARTICULAR COUNTY OR REGION OF THE STATE IN WHICH YOU PRACTICE OR RESIDE), DUES WILL VARY. TO EXPEDITE YOUR MEMBERSHIP, YOU MAY PAY YOUR MEMBERSHIP DUES BY CREDIT CARD VIA THIS APPLICATION, YOUR CARD WILL BE CHARGED FOR THE FULL AMOUNT OF NATIONAL DUES, CONSTITUENT CHAPTER DUES, AND LOCAL CHAPTER DUES (IF APPLICABLE) AT THE RATES SHOWN ON THE FOLLOWING PAGE UPON FINAL APPROVAL OF YOUR APPLICATION. IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PROCESS OR WOULD LIKE TO KNOW THE EXACT COST OF YOUR MEMBERSHIP DUES, PLEASE CALL THE AAFP CONTACT CENTER AT (800) 274-2237.

SELECT PAYMENT METHOD

CHECKS MUST BE IN U.S. FUNDS DRAWN ON A U.S. BANK.

- CHECK ENCLOSED
- AMEX
- DISCOVER
- MASTERCARD
- VISA

CARD PROVIDER _____

EXPIRATION DATE _____
(MM/YYYY)

CARD # _____

CARD HOLDER'S NAME _____

CARD HOLDER'S SIGNATURE _____

PLEASE SEND COMPLETED APPLICATION AND PAYMENT TO:

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Phone: (800) 274-2237
Fax: (913) 906-6075
www.aafp.org

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National Action: Approved Approval not recommended for applicant

REMARKS: _____

Chapter Action: Approved Approval not recommended for applicant

REMARKS: _____

Signature _____
(Constituent Chapter Officer)

Date _____

Signature _____
(Local/Component Chapter Officer)

Date _____

2010 AAFP Active Dues Information

CHAPTER	AAFP	CHAPTER	LOCAL	TOTAL	Dues Total if After July 1
Alabama	\$365	\$295		\$660	\$330.00
Alaska	\$365	\$275		\$640	\$320.00
Arizona	\$365	\$305		\$670	\$335.00
Arkansas	\$365	\$225		\$590	\$295.00
California	\$365	\$265	\$0 - \$50	\$630 - \$680	\$315.00 - \$340.00
Colorado	\$365	\$330		\$695	\$347.50
Connecticut	\$365	\$250		\$615	\$307.50
Delaware	\$365	\$125		\$490	\$245.00
District of Columbia	\$365	\$210		\$575	\$287.50
Florida	\$365	\$300		\$665	\$332.50
Georgia	\$365	\$365		\$730	\$365.00
Guam	\$365	\$25		\$390	\$195.00
Hawaii	\$365	\$160		\$525	\$262.50
Idaho	\$365	\$200		\$565	\$282.50
Illinois	\$365	\$390		\$755	\$377.50
Indiana	\$365	\$350	\$0 - \$15	\$730	\$365.00
Iowa	\$365	\$344		\$709	\$354.50
Kansas	\$365	\$275		\$640	\$320.00
Kentucky	\$365	\$350	\$0 - \$30	\$715 - \$745	\$357.50 - \$372.50
Louisiana	\$365	\$275		\$640	\$320.00
Maine	\$365	\$150		\$515	\$257.50
Maryland	\$365	\$320		\$685	\$342.50
Massachusetts	\$365	\$225		\$590	\$295.00
Michigan	\$365	\$330	\$0 - \$25	\$695 - \$720	\$347.50 - \$360.00
Minnesota	\$365	\$270	\$0 - \$15	\$635 - \$650	\$317.50 - \$325.00
Mississippi	\$365	\$225		\$590	\$295.00
Missouri	\$365	\$275	\$0 - \$100	\$640 - \$740	\$320.00 - \$370.00
Montana	\$365	\$125		\$490	\$245.00
Nebraska	\$365	\$250		\$615	\$307.50
Nevada	\$365	\$190		\$555	\$277.50
New Hampshire	\$365	\$110		\$475	\$237.50
New Jersey	\$365	\$295	\$0 - \$10	\$660 - \$670	\$330.00 - \$335.00
New Mexico	\$365	\$220		\$585	\$292.50
New York	\$365	\$260	\$0 - \$50	\$625 - \$675	\$312.50 - \$337.50
North Carolina	\$365	\$310		\$675	\$337.50
North Dakota	\$365	\$150		\$515	\$257.50
Ohio	\$365	\$295	\$0 - \$20	\$660 - \$680	\$330.00 - \$340.00
Oklahoma	\$365	\$235	\$0 - \$75	\$600 - \$675	\$300.00 - \$337.50
Oregon	\$365	\$260		\$625	\$312.50
Pennsylvania	\$365	\$330		\$695	\$347.50
Puerto Rico	\$365	\$75		\$440	\$220.00
Rhode Island	\$365	\$195		\$560	\$280.00
South Carolina	\$365	\$230		\$595	\$297.50
South Dakota	\$365	\$200		\$565	\$282.50
Tennessee	\$365	\$325		\$690	\$345.00
Texas	\$365	\$350	\$0 - \$130	\$715 - \$845	\$357.50 - \$422.50
Utah	\$365	\$225		\$590	\$295.00
Vermont	\$365	\$100		\$465	\$232.50
Virgin Islands	\$365	\$10		\$375	\$187.50
Virginia	\$365	\$250	\$0 - \$30	\$615 - \$645	\$307.50 - \$322.50
Washington	\$365	\$310	\$0 - \$75	\$675 - \$750	\$337.50 - \$375.00
West Virginia	\$365	\$275		\$640	\$320.00
Wisconsin	\$365	\$275	\$0 - \$20	\$640 - \$660	\$320.00 - \$330.00
Wyoming	\$365	\$125		\$490	\$245.00
Uniformed Services	\$365	\$275		\$640	\$320.00

NOTE: A portion of your AAFP dues is not deductible as an ordinary and necessary business expense to the extent that the AAFP engages in lobbying. Please go to www.aafp.org/duesdeduct to learn what portion of your AAFP national and chapter dues are not deductible.



11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680

**Apply today for the
membership that
supports you and
your profession!**

Visit www.aafp.org/memapp.pl to apply online.