



Relocation Application for Continuing Membership

Name _____ MD/DO ID#: _____
Please Print

FAX (____) _____ E-Mail: _____ Phone No. (____) _____
Indicate if Office or Home number

Professional Address _____

Home Address _____

Check preferred mailing address: Home or Professional *(Normally, chapter affiliation corresponds with where your professional address is located.)*

Licensure

| State | Date | License Number | Exp. Date |
|-------|------|----------------|-----------|
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Have you ever had your license suspended or revoked? Yes No
 Have you ever been convicted of a felony or violation of any state or federal narcotics act? Yes No
 Do you have pending disciplinary action against your medical license in any state? Yes No
 If YES on any of the above, please explain fully on an additional sheet.

My new situation is:

- Solo Family Practice
- Group Family Practice
- Partnership Family Practice
- Administrative (type) _____
- Hospital (Emergency Room, Hospitalist, etc.) _____
- Military Service (Branch) _____
- Residency (type and completion date) _____
- Other (or other specialty) _____
- Humanitarian Aid Work. Anticipated completion date _____
- Teaching
- Federal Employee
- Fully Retired
- I am in Humanitarian Aid work and want to receive *Guidelines on Requesting a Dues reduction.*

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 this is an application for continuing membership. I understand that by providing my mailing address, email 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

This application can be completed and submitted online at www.aafp.org/relocation/.

OFFICE USE ONLY

Enrollment Date _____ Category _____ Previous Chapter _____

ID# _____ Last re-election _____ Last Year Paid _____ YOY _____

Member is approved for Active Resident Student membership Supporting (fp) Supporting (non-fp) Inactive Life

Processed by _____ Date _____