



active membership application

FOR OFFICE USE ONLY

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

Important: If you have held AAFP Active 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.

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?

PERSONAL INFORMATION

NAME (FIRST) _____

(MIDDLE) _____

(LAST) _____ (SUFFIX) _____

PREVIOUS LAST NAME (IF APPLICABLE) _____

DEGREE (MD/DO/MBBS/MBChB, ETC) _____

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

MALE FEMALE TRANSGENDER OTHER PREFER NOT TO ANSWER

BUSINESS

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

PRACTICE/BUSINESS NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____ COUNTRY _____

BUSINESS PHONE (_____) _____

FAX (_____) _____

EMPLOYER/PARENT ORGANIZATION

EMPLOYER/PARENT ORGANIZATION NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____ COUNTRY _____

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 _____ COUNTRY _____

HOME PHONE (_____) _____

PHONE NUMBER(S)

PLEASE INDICATE WITH A CHECK MARK YOUR PREFERRED PHONE NUMBER.

BUSINESS (_____) _____

HOME (_____) _____

CELL (_____) _____

EMAIL ADDRESS

EMAIL _____

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

TWITTER HANDLE

TWITTER _____ @ _____

TEXT MESSAGE OPT-IN

I AGREE TO RECEIVE TEXT MESSAGE ALERTS ON A LIMITED BASIS FROM THE AAFP—UP TO ONE MESSAGE PER MONTH—REGARDING MY MEMBERSHIP STATUS, DUES, OR OTHER TIME-SENSITIVE NOTIFICATIONS.

CELL PHONE (_____) _____

EDUCATION

MEDICAL SCHOOL

NAME _____

(PLEASE DO NOT ABBREVIATE.)

CITY _____

STATE _____

COUNTRY _____

DEGREE _____

START DATE _____ (MM/DD/YYYY)

GRADUATION DATE _____ (MM/DD/YYYY)



active membership application

EDUCATION CONTINUED

FAMILY MEDICINE RESIDENCY PROGRAM

NAME _____
(PLEASE DO NOT ABBREVIATE.)

CITY _____

STATE _____

COUNTRY _____

START DATE _____
(MM/DD/YYYY)

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)

OTHER TRAINING (IF APPLICABLE)

NAME _____
(PLEASE DO NOT ABBREVIATE.)

CITY _____

STATE _____

COUNTRY _____

EMPHASIS _____

COMPLETION DATE _____
(MM/DD/YYYY)

PROFESSIONAL INFORMATION

LICENSURE

MEDICAL LICENSE # _____

STATE _____ COUNTRY _____

ISSUANCE DATE _____ EXPIRATION DATE _____
(MM/DD/YYYY) (MM/DD/YYYY)

IF YOU DO NOT HAVE A CURRENT ACTIVE MEDICAL LICENSE WHERE YOU PRACTICE, 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 RECIPROCITY AGREEMENT BETWEEN THE ABFM AND A FOREIGN COLLEGE OF FAMILY MEDICINE OR GENERAL PRACTICE? YES NO

ARE YOU ACTIVE DUTY MILITARY? YES NO

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, email address, telephone numbers, and fax number, I consent to receive communications sent by or on behalf of the AAFP and its chapters and affiliates via regular mail, email, telephone, or fax.

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, 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 MEMBER RESOURCE 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 # _____

EXPIRATION DATE _____
(MM/YYYY)

SECURITY CODE/CVV# _____

CARD HOLDER'S NAME _____

CARD HOLDER'S SIGNATURE _____

PLEASE SEND COMPLETED APPLICATION, PAYMENT, AND CME RECORDS (IF NECESSARY) TO:

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

2023 AAFP Active Dues Information

CHAPTER	AAFP	CHAPTER	LOCAL	TOTAL
Alabama	\$470	\$295		\$765
Alaska	\$470	\$350		\$820
Arizona	\$470	\$325		\$795
Arkansas	\$470	\$275		\$745
California	\$470	\$324	\$0-\$60	\$794-\$854
Colorado	\$470	\$430		\$900
Connecticut	\$470	\$350		\$820
Delaware	\$470	\$155		\$625
DC	\$470	\$230		\$700
Florida	\$470	\$350		\$820
Georgia	\$470	\$365		\$835
Guam	\$470	\$10		\$480
Hawaii	\$470	\$185		\$655
Idaho	\$470	\$325		\$795
Illinois	\$470	\$390		\$860
Indiana	\$470	\$365		\$835
Iowa	\$470	\$350		\$820
Kansas	\$470	\$340		\$810
Kentucky	\$470	\$380	\$0-\$30	\$850-\$880
Louisiana	\$470	\$320		\$790
Maine	\$470	\$210		\$680
Maryland	\$470	\$395		\$865
Massachusetts	\$470	\$325		\$795
Michigan	\$470	\$395	\$0-\$25	\$865-\$890
Minnesota	\$470	\$325	\$0-\$15	\$795-\$810
Mississippi	\$470	\$300		\$770
Missouri	\$470	\$300	\$0-\$100	\$770-\$870
Montana	\$470	\$235		\$705
Nebraska	\$470	\$350		\$820
Nevada	\$470	\$220		\$690
New Hampshire	\$470	\$145		\$615
New Jersey	\$470	\$295	\$0-\$10	\$765-\$775
New Mexico	\$470	\$330		\$800
New York	\$470	\$290	\$0-\$50	\$760-\$810
North Carolina	\$470	\$350		\$820
North Dakota	\$470	\$350		\$820
Ohio	\$470	\$414	\$0-\$25	\$884-\$909
Oklahoma	\$470	\$295		\$765
Oregon	\$470	\$310		\$780
Pennsylvania	\$470	\$375		\$845
Puerto Rico	\$470	\$222		\$692
Rhode Island	\$470	\$265		\$735
South Carolina	\$470	\$325		\$795
South Dakota	\$470	\$250		\$720
Tennessee	\$470	\$335		\$805
Texas	\$470	\$350	\$0-\$130	\$820-\$950
Uniformed Services	\$470	\$295		\$765
Utah	\$470	\$280		\$750
Vermont	\$470	\$150		\$620
Virgin Islands	\$470	\$10		\$480
Virginia	\$470	\$315	\$0-\$25	\$785-\$810
Washington	\$470	\$385	\$0-\$75	\$855-\$930
West Virginia	\$470	\$375		\$845
Wisconsin	\$470	\$350		\$820
Wyoming	\$470	\$125		\$595

NOTE: Dues will be prorated based on the month your membership is activated. 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.



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

11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680

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

MBR22081162