



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

# AAFP/FMIG Student Membership Ambassador Application

2016-2017 Academic Year

Date: \_\_\_\_\_

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

AAFP ID#: \_\_\_\_\_  
(You must be an AAFP member in order to apply to serve as your FMIG's Student Membership Ambassador.)

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

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

City, State, ZIP Code: \_\_\_\_\_

(Student Membership Ambassador materials will be shipped to this address unless otherwise notified.)

Phone: \_\_\_\_\_

Medical School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

FMIG Advisor Name: \_\_\_\_\_

**Why do you feel you are the best candidate for this role?**

### FMIG Incentives

Your FMIG will receive the following rewards by increasing AAFP student membership on your campus.

Number of new AAFP student applications per trimester	Your FMIG receives
25 students	\$25
50 students	\$50
75 students	\$75
100 students	\$100
150 students	\$150

### Student Incentives

Student Membership Ambassadors will receive a \$25 gift card each time their FMIG earns an incentive.

Incentives are awarded by trimester:

- April–August 2016
- September–December 2016
- January–April 2017

### Eligibility Requirements

The student membership ambassador must:

- Be an AAFP student member
- Complete AAFP/FMIG Student Membership Ambassador application
- Send application to [students@aafp.org](mailto:students@aafp.org)
- Receive an acceptance email from the AAFP acknowledging your approval as the AAFP/FMIG Membership Ambassador

Signature \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:

AAFP/FMIG Membership Ambassador Program  
American Academy of Family Physicians  
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672  
Fax: (913) 906-6088 • Email: [students@aafp.org](mailto:students@aafp.org)  
[www.aafp.org/student-ambassador](http://www.aafp.org/student-ambassador)