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# international membership application

**YES**, I want to become an International Member of the American Academy of Family Physicians. I support the AAFP's mission of advocating for the specialty of family medicine.

NAME IN FULL (AND PREVIOUS, IF APPLICABLE) \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  MALE  FEMALE

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY (ZIP CODE, IF APPLICABLE) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY (ZIP CODE, IF APPLICABLE) \_\_\_\_\_

PREFERRED MAILING ADDRESS:  OFFICE  HOME

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

EDUCATION:	INSTITUTION/PROGRAM	GRADUATION DATE	PROVINCE/COUNTRY	DEGREE
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MEDICAL \_\_\_\_\_

FAMILY MEDICINE RESIDENCY PROGRAM \_\_\_\_\_

INTERNSHIP \_\_\_\_\_

FELLOWSHIP \_\_\_\_\_

**AAFP Bylaws require International members to be licensed to practice medicine. Please provide the information below:**

LICENSURE: LICENSE NO. \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

STATE/PROVINCE/COUNTRY \_\_\_\_\_

ARE YOU NOW ENGAGED IN FAMILY MEDICINE?  YES  NO DATE YOU ENTERED FAMILY MEDICINE \_\_\_\_\_

WHICH OF THE FOLLOWING DESCRIBES YOUR PRACTICE?  CLINICAL PRACTICE  TEACHING  ADMINISTRATIVE

ARE YOU CURRENTLY IN TRAINING?  YES  NO

*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. I understand that any money submitted will be refunded if my application is not approved.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT SEND MONEY WITH APPLICATION.** Return completed application to the AAFP at the address shown below. Upon approval of your membership, you will be billed an annual membership fee of US \$110.

If you have any questions regarding International Membership, please contact Member Central at 800.274.8043.

**Send completed application to:**  
**American Academy of Family Physicians**  
**11400 Tomahawk Creek Pkwy.**  
**Leawood, KS 66211-2680**  
**Fax: 913.906.6280**  
**www.aafp.org**