



AAFP Student Membership Coordinator Program 2010-2011 Academic year

AAFP Student membership coordinators inform other medical students on their campus about the specialty of family medicine and the great benefits and resources available to them as Student members of the American Academy of Family Physicians.

Objective

- Increase AAFP Student membership on your campus
- Receive incentives for increasing AAFP Student membership on campus

Eligibility Requirements

- The Student membership coordinator **must be** an AAFP Student member
- The Student membership coordinator **must fill out** an AAFP Student membership coordinator application.
- The SMC application **must be sent** to the Student Member Relations Specialist at the National AAFP.

Student membership coordinator incentives

Student membership coordinators that increase AAFP Student membership on their medical school campus will receive an incentive.

For every **25 New AAFP Student applications**, the Student membership coordinator will be able to choose a \$25 gift card from one of the following:

Amazon.com
i-Tunes
Starbucks

FMIG incentives*

Family Medicine Interest Groups that increase AAFP Student membership on their medical school campuses will receive the following incentives:

25	New AAFP Student applications	\$25
50	New AAFP Student applications	\$50
75	New AAFP Student applications	\$75
100	New AAFP Student applications	\$100
150	New AAFP Student applications	\$150

* FMIGs must have a designated Student membership coordinator on file with the National AAFP to receive incentives.

Incentive Timeframe

AAFP Student membership applications received May 1– April 30

Incentive Tracking

Incentives will be tracked and awarded on a quarterly basis.



**AAFP Student Membership Coordinator Information Form
2010-2011 Academic Year**

Name: _____ **AAFP ID#:** _____

E-mail Address: _____

Address: _____

City, State, Zip Code: _____

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

Medical School: _____ **Graduation Date:** _____

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

Signature

Please return completed application to:

Julie Herzog
Member Relations Specialist
American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Fax: 913.906.6088
E-mail: jherzog@aafp.org