



# supporting membership application

FOR OFFICE USE ONLY

You can also apply for membership online at [www.aafp.org/joinaafp](http://www.aafp.org/joinaafp).

## SUPPORTING MEMBERS SHALL BE:

1. Physicians residing and practicing in the United States (or its territories or possessions) who completed an ACGME- or AOA-accredited residency program in specialties other than family medicine and not otherwise eligible for some other category of membership; or
2. Physicians who previously held supporting membership before September 30, 2016.

ARE YOU A PREVIOUS MEMBER OF THE AAFP? ☐ YES ☐ NO

IF YES, PREVIOUS AAFP MEMBER ID (IF KNOWN) \_\_\_\_\_

## 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 \_\_\_\_\_ COUNTY \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

BUSINESS 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 \_\_\_\_\_ COUNTY \_\_\_\_\_

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 HANDLE \_\_\_\_\_ @ \_\_\_\_\_

## EDUCATION

### MEDICAL SCHOOL

NAME \_\_\_\_\_  
(PLEASE DO NOT ABBREVIATE.)

CITY \_\_\_\_\_

STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

DEGREE \_\_\_\_\_

START DATE \_\_\_\_\_  
(MM/DD/YYYY)

GRADUATION DATE \_\_\_\_\_  
(MM/DD/YYYY)



# supporting membership application

## EDUCATION CONTINUED

### RESIDENCY PROGRAM

NAME \_\_\_\_\_  
(PLEASE DO NOT ABBREVIATE.)

CITY \_\_\_\_\_

STATE \_\_\_\_\_

SPECIALTY \_\_\_\_\_

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 ACTIVE 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 AND PAYMENT 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 Supporting Dues Information

| CHAPTER            | AAFP  | CHAPTER | LOCAL     | TOTAL       |
|--------------------|-------|---------|-----------|-------------|
| Alabama            | \$290 | \$275   |           | \$565       |
| Alaska             | \$290 | \$250   |           | \$540       |
| Arizona            | \$290 | \$325   |           | \$615       |
| Arkansas           | \$290 | \$275   |           | \$565       |
| California         | \$290 | \$265   | \$0-\$60  | \$555-\$615 |
| Colorado           | \$290 | \$225   |           | \$515       |
| Connecticut        | \$290 | \$350   |           | \$640       |
| Delaware           | \$290 | \$155   |           | \$445       |
| DC                 | \$290 | \$230   |           | \$520       |
| Florida            | \$290 | \$200   |           | \$490       |
| Georgia            | \$290 | \$325   |           | \$615       |
| Guam               | \$290 | \$10    |           | \$300       |
| Hawaii             | \$290 | \$160   |           | \$450       |
| Idaho              | \$290 | \$325   |           | \$615       |
| Illinois           | \$290 | \$310   |           | \$600       |
| Indiana            | \$290 | \$365   |           | \$655       |
| Iowa               | \$290 | \$235   |           | \$525       |
| Kansas             | \$290 | \$340   |           | \$630       |
| Kentucky           | \$290 | \$380   | \$0-\$30  | \$670-\$700 |
| Louisiana          | \$290 | \$320   |           | \$610       |
| Maine              | \$290 | \$150   |           | \$440       |
| Maryland           | \$290 | \$395   |           | \$685       |
| Massachusetts      | \$290 | \$310   |           | \$600       |
| Michigan           | \$290 | \$295   | \$0-\$25  | \$585-\$610 |
| Minnesota          | \$290 | \$250   | \$0-\$15  | \$540-\$555 |
| Mississippi        | \$290 | \$300   |           | \$590       |
| Missouri           | \$290 | \$125   | \$0-\$100 | \$415-\$515 |
| Montana            | \$290 | \$100   |           | \$390       |
| Nebraska           | \$290 | \$200   |           | \$490       |
| Nevada             | \$290 | \$150   |           | \$440       |
| New Hampshire      | \$290 | \$100   |           | \$390       |
| New Jersey         | \$290 | \$295   | \$0-\$10  | \$585-\$595 |
| New Mexico         | \$290 | \$0     |           | \$290       |
| New York           | \$290 | \$270   | \$0-\$50  | \$560-\$610 |
| North Carolina     | \$290 | \$350   |           | \$640       |
| North Dakota       | \$290 | \$125   |           | \$415       |
| Ohio               | \$290 | \$414   | \$0-\$25  | \$704-\$729 |
| Oklahoma           | \$290 | \$295   |           | \$585       |
| Oregon             | \$290 | \$310   |           | \$600       |
| Pennsylvania       | \$290 | \$255   |           | \$545       |
| Puerto Rico        | \$290 | \$4     |           | \$294       |
| Rhode Island       | \$290 | \$150   |           | \$440       |
| South Carolina     | \$290 | \$325   |           | \$615       |
| South Dakota       | \$290 | \$125   |           | \$415       |
| Tennessee          | \$290 | \$335   |           | \$625       |
| Texas              | \$290 | \$225   | \$0-\$130 | \$515-\$645 |
| Uniformed Services | \$290 | \$50    |           | \$340       |
| Utah               | \$290 | \$150   |           | \$440       |
| Vermont            | \$290 | \$30    |           | \$320       |
| Virgin Islands     | \$290 | \$0     |           | \$290       |
| Virginia           | \$290 | \$225   | \$0-\$25  | \$515-\$540 |
| Washington         | \$290 | \$385   | \$0-\$75  | \$675-\$750 |
| West Virginia      | \$290 | \$375   |           | \$665       |
| Wisconsin          | \$290 | \$350   |           | \$640       |
| Wyoming            | \$290 | \$25    |           | \$315       |

**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](http://www.aafp.org/duesdeduct) to learn what portion of your AAFP national and chapter dues are not deductible.



11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680

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