



AAFP/FMIG Student Membership Ambassador Application

2018-2019 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:

May–August 2018

September–December 2018

January–April 2019

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
- 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
www.aafp.org/student-ambassador