



MEMBER INTEREST GROUP APPLICATION

A member interest group (MIG) is a forum of AAFP members with shared professional interests. AAFP members in the Active membership category may submit an application to the Commission on Membership and Member Services to establish a MIG. Once established, MIG membership is open to any AAFP member.

The criteria used to consider a proposed MIG are:

- Focus is consistent with the AAFP's definition of a MIG (i.e., a forum of AAFP members who have shared professional interests).
- Furthers the AAFP's strategic objectives.
- Does not duplicate groups represented by the current Board-approved member constituencies.
- Membership is not limited by geography or employment by a single entity.
- Does not duplicate chapters or membership categories that currently exist.
- Does not substantially overlap the goals and objectives of any existing MIG.
- Conflicts of interest for the MIG officers have been disclosed and there are no significant conflicts.

MIGs are required to submit an annual report to their sponsoring AAFP commission to demonstrate activity and involvement. This report must include, but is not limited to, objectives/tasks accomplished during the year, planned objectives for the subsequent year, number of active participants in the group, and number of attendees at any face-to-face meetings.

REQUIRED INFORMATION

Each section must be completed.

NAME OF PERSON SUBMITTING APPLICATION/AAFP ID#

DATE OF APPLICATION

PROPOSED NAME/TOPIC OF INTEREST GROUP

List your first-year MIG officers with contact information. Officers will be listed on the MIG webpage and any conflicts of interest will be listed in the MIG community. Officers must complete the AAFP conflict of interest form to be considered. Access the form at www.aafp.org/coi (Complete the non-CME version).

CHAIR NAME

AAFP ID#

EMAIL

VICE CHAIR NAME

AAFP ID#

EMAIL

List the objectives of your proposed MIG.

PLEASE NOTE: When developing objectives, keep in mind that MIGs can advocate for the development of CME or policy but they do not have the authority to develop/create CME or policy. The AAFP's Commission on Membership and Member Services reserves the right to make modifications to ensure proposed objectives align with this direction.

In addition, all MIGs are assigned an objective to assist the AAFP in membership recruitment/retention of family physicians with shared professional interests. Additional objectives should be listed below.

1) Assist the AAFP in membership recruitment/retention of family physicians with shared professional interest.

Do your MIG objectives overlap the work of any existing MIGs? Review current MIGs and objectives at www.aafp.org/mig.

Yes No If yes, how will your MIG differ from the existing MIG(s)?

Indicate with which of the following strategic objectives your proposed MIG aligns.

Payment Reform Practice Transformation Workforce Clinical Expertise

Describe how your proposed MIG will further the AAFP's strategic objectives:

Please list the long-term goals of your proposed MIG.

PLEASE NOTE: When developing long-term goals, keep in mind that MIGs can advocate for the development of CME or policy but they do not have the authority to develop/create CME or policy. The AAFP's Commission on Membership and Member Services reserves the right to make modifications to ensure proposed long-term goals align with this direction.

Return Completed Application and Supporters to:

Stacy Wymer, CAE
Manager, Member Engagement and Governance, Membership Division
American Academy of Family Physicians
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672 Email:
swymer@aafp.org
Phone: (800) 274-2237, ext. 6391 | Fax: (913) 906-6088

Select your proposed first-year activities from the list of opportunities available below. (Choose all that apply.)

- Facilitate opportunities for networking.
- Identify gaps in existing AAFP educational resources.
- Provide input, upon request, into AAFP policies and positions.
- Provide an avenue to speak as a unified group to AAFP leadership.
- Provide a pathway for professional leadership development within the organization.
- Foster continuing professional development activities.
- Serve as a route to policy development.
- Connect members to existing AAFP resources.
- Face-to-face meeting at AAFP FMX.

A list of no less than 50 AAFP members in the Active membership category who support this member interest group must be submitted with the completed application. The applicant may list supporters below and on page 5 of the application or refer interested members to submit an email to mig@aafp.org expressing interest in supporting the proposed MIG. The AAFP Community Guidelines/Code of Conduct can be viewed at www.connect.aafp.org/codeofconduct.

**Active Members in Support of Member Interest Group
(Minimum 50 members in Active membership category)**

	AGREE TO CODE OF CONDUCT		AGREE TO CODE OF CONDUCT
1. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	16. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
2. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	17. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
3. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	18. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
4. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	19. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
5. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	20. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
6. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	21. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
7. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	22. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
8. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	23. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
9. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	24. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
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11. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	26. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
12. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	27. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
13. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	28. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
14. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	29. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
15. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	30. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>

	AGREE TO CODE OF CONDUCT		AGREE TO CODE OF CONDUCT
31. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	54. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
32. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	55. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
33. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	56. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
34. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	57. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
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36. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	59. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
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38. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	61. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
39. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	62. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
40. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	63. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
41. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	64. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
42. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	65. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
43. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	66. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
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45. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	68. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
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47. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	70. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
48. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	71. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
49. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	72. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
50. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	73. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
51. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	74. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
52. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>	75. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>
53. _____ PRINTED NAME/AAFP ID#	<input type="checkbox"/>		