



transitional membership application

You can also apply for membership online at www.aafp.org/transitionalapp.

ARE YOU A PREVIOUS MEMBER OF THE AAFP? YES NO IF YES, PREVIOUS AAFP ID (IF KNOWN)? _____

PERSONAL INFORMATION

NAME (FIRST) _____
(MIDDLE) _____
(LAST) _____ (SUFFIX) _____
DEGREE (MD/DO/MBBS/MBChB, ETC) _____
PREVIOUS LAST NAME (IF APPLICABLE) _____
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.
OFFICE/PRACTICE/INSTITUTION NAME _____
STREET ADDRESS _____
CITY _____
STATE/PROVINCE _____ ZIP _____
COUNTRY _____
BUSINESS PHONE (_____) _____

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/PROVINCE _____ ZIP _____
COUNTRY _____
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 _____ @ _____

MEDICAL SCHOOL EDUCATION

NAME _____
(PLEASE DO NOT ABBREVIATE.)
CITY _____
STATE/PROVINCE _____ COUNTRY _____
DEGREE _____
START DATE (MM) _____ (DD) _____ (YYYY) _____
GRADUATION DATE (MM) _____ (DD) _____ (YYYY) _____

OTHER TRAINING (IF APPLICABLE)

EMPHASIS/DEGREE _____
COMPLETION DATE (MM) _____ (DD) _____ (YYYY) _____
NAME _____
(PLEASE DO NOT ABBREVIATE.)
CITY _____
STATE/PROVINCE _____ COUNTRY _____

PROFESSIONAL

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, if applicable. 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 subsidiaries and affiliates) via regular mail, email, telephone, or fax.

SIGNATURE _____
DATE _____

PAYMENT

PAYMENT OF DUES IS REQUIRED BEFORE YOUR PAYMENT OF DUES IS REQUIRED BEFORE YOUR MEMBERSHIP WILL BE ACTIVATED. 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 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.

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/CV# _____

CARD HOLDER'S NAME _____

CARD HOLDER'S SIGNATURE _____

2021 AAFP Transitional Dues Information

CHAPTER	AAFP	CHAPTER	TOTAL
Alabama	\$125	\$0	\$125
Alaska	\$125	\$0	\$125
Arizona	\$125	\$0	\$125
Arkansas	\$125	\$75	\$200
California	\$125	\$0	\$125
Colorado	\$125	\$0	\$125
Connecticut	\$125	\$50	\$175
Delaware	\$125	\$25	\$150
DC	\$125	\$50	\$175
Florida	\$125	\$50	\$175
Georgia	\$125	\$30	\$155
Guam	\$125	\$0	\$125
Hawaii	\$125	\$0	\$125
Idaho	\$125	\$295	\$420
Illinois	\$125	\$75	\$200
Indiana	\$125	\$50	\$175
Iowa	\$125	\$175	\$300
Kansas	\$125	\$0	\$125
Kentucky	\$125	\$0	\$125
Louisiana	\$125	\$15	\$140
Maine	\$125	\$0	\$125
Maryland	\$125	\$0	\$125
Massachusetts	\$125	\$0	\$125
Michigan	\$125	\$25	\$150
Minnesota	\$125	\$50	\$175
Mississippi	\$125	\$0	\$125
Missouri	\$125	\$60	\$185
Montana	\$125	\$0	\$125

CHAPTER	AAFP	CHAPTER	TOTAL
Nebraska	\$125	\$0	\$125
Nevada	\$125	\$0	\$125
New Hampshire	\$125	\$0	\$125
New Jersey	\$125	\$25	\$150
New Mexico	\$125	\$0	\$125
New York	\$125	\$0	\$125
North Carolina	\$125	\$75	\$200
North Dakota	\$125	\$125	\$250
Ohio	\$125	\$50	\$175
Oklahoma	\$125	\$142.50	\$267.50
Oregon	\$125	\$25	\$150
Pennsylvania	\$125	\$0	\$125
Puerto Rico	\$125	\$0	\$125
Rhode Island	\$125	\$75	\$200
South Carolina	\$125	\$295	\$420
South Dakota	\$125	\$0	\$125
Tennessee	\$125	\$0	\$125
Texas	\$125	\$25	\$150
Uniformed Services	\$125	\$0	\$125
Utah	\$125	\$25	\$150
Vermont	\$125	\$62.50	\$187.50
Virgin Islands	\$125	\$0	\$125
Virginia	\$125	\$0	\$125
Washington	\$125	\$0	\$125
West Virginia	\$125	\$375	\$500
Wisconsin	\$125	\$0	\$125
Wyoming	\$125	\$0	\$125

IF YOU ARE RESIDING OUTSIDE THE UNITED STATES, YOU WILL BE ASSESSED NATIONAL DUES ONLY.

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 to learn what portion of your AAFP national and chapter dues are not deductible.

PLEASE SEND YOUR COMPLETED APPLICATION TO:



American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Phone: (800) 274-2237
Fax: (913) 906-6075
aafp.org