



FELLOW / ASSOCIATE MEMBER CERTIFICATE ORDER FORM

Member ID Number: _____ My current category of membership is: Associate Member Fellow

Name: (PLEASE TYPE OR PRINT LEGIBLY)

First: _____ MI/Middle: _____ Last: _____ Suffix: _____

Previous Last Name (Change due to marriage, divorce, etc.): _____

Academic Degree Abbreviations: DPM, _____

Principal Office/Primary Address: *All certificates are mailed to the primary office address.*

Principal Office Name: _____

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ (OTHER THAN USA)

Website: _____

Primary Personal Email Address*: _____

**Email addresses do not appear in the ACFAS directory or FootHealthFacts.org.*

NOTE: ACFAS only processes certificate orders which are shipped to your office from Centricity. Frames can be purchased through Church Hill Classics, 594 Pepper Street, Monroe, CT 06468.

Phone: 800-477-9005 Fax: 203-268-1535

Email: info@diplomaframe.com Website: www.diplomaframe.com/acfas

I wish to order _____ duplicate/additional certificate(s) at \$40 each. My certificate number is: _____
If no certificate number provided, the process date will be used. The names of current officers appear on the certificates.

Inscribe my name on the certificate(s) as follows:

_____, DPM, AACFAS or DPM, FACFAS
Please Print

Payment Information: VISA MasterCard American Express or Check # _____ \$ _____

Credit Card Number: _____ Exp: ____/____ Security Code _____

Name on Card: _____ Signature: _____
Please Print

Return by: **Fax: 773-693-9304** or **Mail to Lockbox:** American College of Foot and Ankle Surgeons, Department 4528, Carol Stream, IL 60122-4528.

Questions: Contact Terry Wilkinson, PhD, CAE, Membership Manager at 773-444-1301 or terry.wilkinson@acfas.org.

Batch # _____ Approval # _____ Amount \$ _____
Office Use