

Membership Application

Association of Family Medicine Administration (AFMA)

BENEFITS OF MEMBERSHIP

- Communication with colleagues on the Discussion List
- Web site with access to the member directory
- Committee participation
- Mentoring Program
- Newsletter
- Free Webinars
- Annual Special Programming - Residency Administration Development (RAD) Workshop and networking opportunities in conjunction with the PDW and RPS Residency Education Symposium in Kansas City

MISSION STATEMENT

The Association of Family Medicine Administration is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education, and research within Family Medicine Residency programs.

VISION STATEMENT

To understand the continuing changes in the health care environment and provide tools to our membership to excel in that environment, as it relates to Family Medicine Residency programs.



www.afmaonline.org

Association of Family Medicine Administration
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**COME LEARN AND
GROW WITH US!**

I wish to become a member of AFMA (*please print or type*)

Name: _____

Degree: _____ Title: _____

Program Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Program Director: _____

Years in Current Position: _____

Years in Healthcare: _____

Years in Family Medicine Administration: _____

Program Type (check one)

- Community Based (program is based in a community hospital and is not affiliated with a medical school)
- Community Based/Medical School Affiliated (program is based in a community hospital, has a written contractual agreement with a medical school, but is administered by the hospital or other sponsoring institution)
- Community Based/Medical School Administered (program is based in a community hospital, has a written contractual affiliation with and is administered by a medical school)
- Medical School Based (program is based and administered by a medical school)
- Military Program
- Fellowship(s) _____

Affiliation

- ACGME Program Number (10 digits) _____
or Pre-Accredited Number

Dues

- New Member Joining in Jan, Feb, Mar **\$200**
- New Member Joining in Apr, May, Jun **\$150**
- New Member Joining in Jul, Aug, Sept **\$100**
- New Member Joining in Oct, Nov, Dec **\$200 (good thru end of year + next year)**
- Membership Renewal **\$200 per year**
- Multiple* **\$200 first membership / \$150 each additional membership**

**Must be submitted with payment in one envelope from the same program*

Payment

- Check enclosed in the amount of \$ _____

Please make check payable to the Association of Family Medicine Administration (AFMA)

OR

Charge \$ _____ to: MasterCard VISA Discover

Card No: _____ Expiration Date: _____

CVV Code (on back of card): _____ Zip Code associated with this card: _____

Signature: _____ Date: _____