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 Residency Leadership Summit (RLS) 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

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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	2:
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)	
Dues ☐ New Member Joining in Jan, Feb, Mar ☐ New Member Joining in Apr, May, Jun ☐ New Member Joining in Jul, Aug, Sept ☐ New Member Joining in Oct, Nov, Dec ☐ Membership Renewal \$200 per year ☐ Multiple* \$200 first members *Must be submitted with payment in one envelope	\$200 \$150 \$100 \$200 (good thru end of year + next year) ship / \$150 each additional membership 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: