

PLEASE RETURN THIS FORM WITH YOUR DUES

ASSOCIATION OF FAMILY MEDICINE ADMINISTRATION
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 800.274.2237, Ext 6356
Fax: 913.906.6084 – Attn: Cristin Estes
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2023 ANNUAL DUES RENEWAL NOTICE
(January 1, 2023 through December 31, 2023)

(PLEASE PRINT)

First Name	Last Name
Email Address	
Program Name	
Address	
City, State, Zip	
ACGME Program Number (10-digits) _ _ _ _ _ - _ _ _ _ _	
YEARS IN CURRENT POSITION: _____	
YEARS IN HEALTHCARE: _____	
YEARS IN FAMILY MEDICINE ADMINISTRATION: _____	

DUES: Renewals \$200.00 PER YEAR
Multiple* \$200.00 first membership
\$150.00 each additional membership

**Must be submitted with payment in one envelope.*

Check enclosed in the amount of \$ _____

Please make check payable to the Association of Family Medicine Administration and enclose a copy of this annual dues notice with your remittance.

OR

Charge \$ _____ to my: MasterCard VISA Discover

Card No. _____ Expiration Date: _____

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

Signature: _____ Date: _____

*****Complete the information below if it has changed within the last year.*****

TELEPHONE NUMBER: (_ _ _) _ _ _ - _ _ _ _
DEGREE(s): _____
TITLE: _____
PROGRAM DIRECTOR'S NAME: _____

RENEWALS MUST BE RECEIVED BY DECEMBER 31, 2022 TO CONTINUE RECEIVING MEMBERSHIP BENEFITS