

**HAVE QUESTIONS  
OR CHANGES?**

Contact  
lgardin@nyam.org  
or 212.822.7367

## 2017 FELLOWS AND MEMBERS DUES PAYMENT

\*Required Information

**NAME\*** \_\_\_\_\_  
FIRST NAME LAST NAME DEGREE

**EMAIL\*** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE\*** \_\_\_\_\_

**LEVEL\***

- FELLOW (LOCAL) - \$200
- FELLOW (NON-LOCAL) - \$150
- STUDENT MEMBER - \$20
- MEMBER - \$125
- ASSOCIATE MEMBER - \$40

**MULTI YEAR OPTION**

- PAY FOR 2017
- PAY FOR 2017 AND 2018

**ADDITIONAL CONTRIBUTION  
TO THE ANNUAL FUND**

**\$** \_\_\_\_\_

ENTER AN AMOUNT YOU WOULD LIKE TO CONTRIBUTE TO THE ANNUAL FUND

**TOTAL PAYMENT AMOUNT \$** \_\_\_\_\_

## **PAY BY CHECK**

If you prefer to pay your dues by check, please complete this form and send it along with your check to:

### **The New York Academy of Medicine**

Fellows Office

1216 Fifth Avenue

New York, NY 10029

## **PAY BY CREDIT CARD**

VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

Credit Card Number\* \_\_\_\_\_

Card Verification Code\* \_\_\_\_\_

Expiration date\* \_\_\_\_\_