



2019 FELLOWS AND MEMBERS DUES PAYMENT

*Required Information

Payment Due Upon Receipt

HAVE QUESTIONS OR CHANGES TO YOUR CONTACT INFORMATION?

Contact
lgardin@nyam.org
or 212.822.7367

NAME* _____
FIRST NAME LAST NAME DEGREE

EMAIL* _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE* _____

LEVEL*

- FELLOW - \$250
- FELLOW (150 Miles Outside Metro Area) - \$175
- MEMBER - \$125
- ASSOCIATE MEMBER - \$40
- STUDENT MEMBER - \$25

Past Due Balance \$ _____

MULTI YEAR OPTION

- PAY FOR 2019
- PAY FOR 2019 AND 2020

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 AMERICANEXPRESS DISCOVER

Credit Card Number* _____

Card Verification Code* _____

Expiration date* _____

Or pay online: <http://www.nyam.org/fellows/fellowship-membership/dues/>