

**HAVE QUESTIONS
OR CHANGES TO
YOUR CONTACT
INFORMATION?**

Contact
lgardin@nyam.org
or 212.822.7367

2018 FELLOWS AND MEMBERS DUES PAYMENT

*Required Information

NAME* _____
FIRST NAME LAST NAME DEGREE

EMAIL* _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE* _____

LEVEL*

- FELLOW - \$200
- FELLOW (150 Miles Outside Metro Area) - \$150
- MEMBER - \$125
- ASSOCIATE MEMBER - \$40
- STUDENT MEMBER - \$20

Past Due Balance \$ _____

MULTI YEAR OPTION

- PAY FOR 2018
- PAY FOR 2018 AND 2019

**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* _____