2020/21 Fellows and Members Dues Payment

*Required Information

**Payment Due Upon Receipt**

**NAME***

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>DEGREE</th>
</tr>
</thead>
</table>

**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 2020

☐ PAY FOR 2020 AND 2021

**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/