



**NYSOMS ACTIVE MEMBERSHIP RENEWAL
Through April 30, 2020**

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Designation: _____ AOA#: _____

Preferred Contact by NYSOMS: _____ Office _____ Home _____

Exclude me from the Referral List _____ **Exclude** me from the Shadow List _____

<p>HOME:</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Telephone: _____</p> <p>Cell Phone: _____</p> <p>Home Fax: _____</p> <p>Email: _____</p>	<p>OFFICE:</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Telephone: _____</p> <p>Work Fax: _____</p> <p>Website: _____</p> <p>Include ____/Exclude ____ from referral list</p>
<u>Second Office Location: add on separate sheet</u>	
<p>Primary Practice:</p> <p>Secondary Practice:</p> <p>Board Certification(s):</p> <p>Fellows:</p> <p>Licensed to Practice Medicine (List States):</p>	<p><u>Academic Position:</u></p> <p>Organization:</p> <p>Title:</p> <p>Dept: OMM</p> <p>Hospital Affiliations:</p>
<p>Please note for tax purposes that the New York State Osteopathic Medical Society (NYSOMS) membership dues may be deductible as a business expense. NYSOMS estimates that 12 % of your membership dues is used for the NYSOMS' lobbying activities and is therefore not deductible for income tax purposes. We suggest that you retain a copy of this statement for your records and consult with your tax advisor.</p>	

ACTIVE MEMBERSHIP: \$200

Enclosed is my check _____ (Payable to: NYSOMS) or Renew online GO TO: www.nysoms.org/joinnysoms.asp

Charge my: _____ VISA _____ MasterCard _____ AMEX _____ Discover _____

Card Number: _____ Expiration Date: _____

Please mail to the: NYSOMS @ NYCOMEC, NYIT de Seversky Mansion, Room 107, Old Westbury, NY 11568

Charge card only **FAX** to: (516) 686-3767 / or **Call**: (212) 261-1784

Questions? : Phone: 800-841-4131 e-mail: nysoms@nysoms.org Website: www.nysoms.org

SEE REVERSE SIDE FOR MEMBERSHIP INVOLVEMENT

Thank you for your continued support of NYSOMS

I would like to become more involved in the New York Osteopathic Medical Society.

Please consider me for the following committee(s):

- | | |
|---|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> CME Programs |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Medical Practice | <input type="checkbox"/> Scholarship |
| | <input type="checkbox"/> Young Physicians |

I am interested in providing:

CME Course. Give details _____

Organize a local meeting and/or CME program. Give details _____

Indicate other ways you would like to get more involved in NYSOMS activities:

I currently serve on the following professional board(s) and/or panel(s):

_____ Term: _____

_____ Term: _____

_____ Term: _____

Other comments:

Thank you!