

NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION

555 8th Avenue, Suite #1902
 New York, New York 10018
 Tel: 212-996-4400 Fax: 646-672-9344

Mail All Checks to: NYSPMA, Lockbox 5100, Buffalo, NY 14240-5100

2017-2018 DUES PAYMENT OPTIONS

FYE: 05/01/2017 to 04/30/2018

Name (Please Type or Print): _____ Member #: _____

Address: _____ Division: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ @ _____

Option 1 – **Mail check to NYSPMA, Lockbox 5100, Buffalo, NY 14240-5100**
Checks will only be accepted for full payment.

Option 2 - Charge my Credit Card for total dues.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC	APMA PAC	Total
Full payment	\$97.50	\$11.10	\$0	\$1.00	\$232.00	\$12.50	\$25.00	\$379.10

Membership dues are due by May 1st, 2017.

Credit card payment can be made on our secure site www.nyspmapayment.org or by filling out and faxing this form to fax number listed above.

Credit Card # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Expiration Date: _____ / _____	Security Code: _____	
Card Holder Name: _____		
Address: _____	City: _____	Zip Code: _____
Signature of Cardholder _____	Date _____	

NYPMA PAC (\$12.50) and APMA PAC (\$25) are voluntary contributions. If you have previously opted out they will not appear on your invoice. If you choose to opt out please check one or both boxes below.

Please check here if you elect to opt-out of NY-PPAC, and deduct the appropriate amount from your payment.

Please check here if you elect to opt-out of APMA-PPAC, and deduct the appropriate amount from your payment.

The Federal Election Commission requires that contributions to APMA PAC are voluntary. Political contributions are not deductible as charitable contributions for the purposes of federal income tax. Corporate contributions cannot be accepted for donation to candidates. Federal law requires political committees to use their best efforts to obtain and report the name, address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

This form must be returned to the Association office by April 30, 2017.

PLEASE DO NOT MAIL THIS FORM TO THE LOCKBOX WITH CREDIT CARD INFORMATION