

DUES PAYMENT OPTIONS

Please return this form(s) with payment to NYSPMA 555 8th Ave., Ste. 1902, New York, NY 10018 or fax 646-672-9344

Credit card auto-pay enrollment must be renewed every new fiscal year, even if you were enrolled during current year.

Name (Please Type or Print): _____ Member #: _____
 Address: _____ Division: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Email: _____@_____

Full Payment by Check Option - total annual dues paid in full in first payment made by April 30 will receive a \$20 discount.

- Option 1 - Mail form(s) with check in the amount of \$998.40 to NYSPMA 555 8th Ave., Ste. 1902, New York, NY 10018
Total reflects \$20 discount for annual payment made in full.

***Credit Card Payment Option** - annual payments made in full receive a \$20 discount Credit card payment can be made by visiting our secure payment processing portal www.nyspmapayment.org or by filling out the auto-pay credit card section below.

- Option 2 – Full payment by credit card - \$998.40 payment for total annual dues reflects \$20 discount.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Full payment	\$443.40	\$25.00	\$50.00	\$5.00	\$325.00	\$50.00	\$100.00	\$998.40

- Option 3 – Quarterly payment by credit card - 4 payments of \$254.60 due May1, August 1, November1, February 1

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Quarterly	\$115.85	\$6.25	\$12.50	\$1.25	\$81.25	\$12.50	\$25.00	\$254.60

- Option 4 – Monthly payment by credit card -10 payments of \$106.84 due 1st of every month May1 to February1 ****includes \$50.00 service charge****

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Monthly	\$51.34	\$2.50	\$5.00	\$0.50	\$32.50	\$5.00	\$10.00	\$106.84

***If enrolling in credit card auto-pay, please provide credit card account information below.**

*Credit Card # _____ Visa MasterCard
 Expiration Date: _____ / _____ Security Code: _____
 Card Holder Name: _____
 Address: _____ City: _____ Zip Code: _____
 Signature of Cardholder _____ Date _____

NYPPAC (\$50) and APMA PAC (\$100) are voluntary contributions. If you choose to opt-out & did not opt-out last year, please check one or both boxes below. If you opted-out last year you will remain opted-out and contributions will automatically not appear in your invoice unless you inform us you opt-in.

- Please check here if you elect to opt-out of NYPPAC, and deduct \$50 from your payment.
- Please check here if you elect to opt-out of APMA PAC, and deduct \$100 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, this year.