

### DUES PAYMENT OPTIONS

Please return this form(s) with payment to NYSPMA 555 8<sup>th</sup> 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 receive a \$50 discount.

- Option 1 - Mail form(s) with check in the amount of \$2271.00 to NYSPMA 555 8<sup>th</sup> Ave., Ste. 1902, New York, NY 10018  
 Total reflects \$50 discount for annual payment made in full.

**\*Credit Card Payment Option** - annual payments made in full receive a \$50 discount Credit card payment can be made by visiting our secure payment processing portal [www.nyspmapayment.org](http://www.nyspmapayment.org) or by filling out the auto-pay credit card section below.

- Option 2 – Full payment by credit card - \$2271.00 payment for total annual dues reflects \$50 discount.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Full payment	\$930.00	\$111.00	\$150.00	\$5.00	\$925.00	\$50.00	\$100.00	\$2271.00

- Option 3 – Quarterly payment by credit card - 4 payments of \$580.25 due May1, August 1, November1, February 1

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Quarterly	\$245.00	\$27.75	\$37.50	\$1.25	\$231.25	\$12.50	\$25.00	\$580.25

- Option 4 – Monthly payment by credit card -10 payments of \$237.10 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	\$103.00	\$11.10	\$15.00	\$0.50	\$92.50	\$5.00	\$10.00	\$237.10

**\*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 April30, this year.***