

**NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION**  
330 West 38<sup>th</sup> Street, Suite # 1105, New York, NY 10018 Tel: 212-996-4400 Fax: 646-672-9344

## DUES PAYMENT OPTIONS

Please return this form(s) with payment to NYSPMA 330 West 38<sup>th</sup> Street., Ste. 1105, 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 -

☐ Option 1 - Mail form(s) with check in the amount of \$250.00 to NYSPMA 330 West 38<sup>th</sup> Street., Ste. 1105, New York, NY 10018

**\*Credit Card Payment Option** - 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 - \$250.00

**Membership dues are due by April 30 each year.**

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC voluntary	APMA PAC voluntary	Total
Full payment	\$111.00	\$0.00	\$0.00	\$0.00	\$0.00	\$139.00	\$0.00	<b>\$250.00</b>

**\*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, each year.**