

NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION

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

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: _____ @ _____

Payment Options

- 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.

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

Membership dues are due by May 1st, 2017.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC	APMA PAC	Total
Full payment	\$100.00	\$0	\$0	\$0	\$130.00	\$0	\$0	\$230.00

Credit Card # _____ Visa MasterCard

Expiration Date: _____ / _____ Security Code: _____

Card Holder Name: _____

Address: _____ City: _____ Zip Code: _____

Signature of Cardholder _____ Date _____

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