

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
THIS FORM IS FOR ENROLLING IN AUTOPAY

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

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

Address: _____ Division: _____

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

Email: _____ @ _____

Full Payment Option

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

CREDIT CARD ENROLLMENT

- Option 2 - Charge my **Credit Card** for total dues.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC	APMA PAC	Total
Full payment	\$490.00	\$55.50	\$150.00	\$2.50	\$463.00	\$50.00	\$100.00	\$1,311.00

- Option 3 - **Quarterly Payment Option** All payments are due by **May 1st, August 1st, November 1st and February 1st, 2018**.
 Final Quarterly membership payment for the fiscal 17-18 is due on February 1st, 2018.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC	APMA PAC	Total
Quarterly	\$122.50	\$13.88	\$37.50	\$.62	\$115.75	\$12.50	\$25.00	\$327.75

- Option 4 - **Ten Month Payment Option** * includes **\$50.00 service charge**. All payments are due on the **1st of May 2017 thru February 2018**. Final Monthly membership payment for the 17-18 fiscal is due on February 1st, 2018.

	NYSPMA	Educational Assessment	Health Policy Advocacy	Division	APMA	NYPPAC	APMA PAC	Total
Monthly	\$54.00	\$5.55	\$15.00	\$.25	\$46.30	\$5.00	\$10.00	\$136.10

Credit card payment can be made on our secure site www.nyspmapayment.org or by filling out and returning this form to the address or 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 (\$50) and APMA PAC (\$100) 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 NYSPPAC, 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 FAX THIS FORM, DO NOT MAIL THIS FORM TO THE LOCKBOX WITH CREDIT CARD INFORMATION