

New York State Urological Society, Inc.

Membership Application

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Degree(s): _____

Date of Birth: _____ Are you over 65? (circle) Yes | No

Office Address: _____

City/State: _____ Zip: _____

Office Phone: _____

Office Fax: _____

Office E-mail: _____

Home Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Home Fax: _____

Home E-mail: _____

Mailing Preference: (circle one)

Office | Home

Membership Category:	Active	\$85.00 annually	_____
	Associate	\$85.00 annually	_____
	Allied	\$35.00 annually	_____
	Senior	\$0 annually	_____

Make checks payable to: New York State Urological Society, Inc.
Mail checks & application to: New York State Urological Society, Inc.
3085 Harlem Road, Ste 350
Cheektowaga, NY 14225