



**The International Society for Urban Health**

New York Academy of Medicine  
1216 Fifth Avenue  
New York, NY 10029

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## New Institutional Membership Application

ORGANIZATION

DEPT.

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

### PRIMARY CONTACT PERSON:

LAST NAME

FIRST NAME

M.I.

DEGREE

EMAIL

PHONE (please specify: \_\_\_\_ home \_\_\_\_ work \_\_\_\_ cell)

All rates are in USD.

#### Amount enclosed:

Type of Membership	Number of Beneficiaries	Annual Dues
Institution with annual budget ≥ \$100 million	10	<input type="checkbox"/> \$1500
Institution with annual budget < \$100 million	5	<input type="checkbox"/> \$750
Institution in developing country	5	<input type="checkbox"/> \$75

#### Payment type:

Check (Please make checks payable to New York Academy of Medicine and enclose check with this form)

Credit Card:

MasterCard     Visa    Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_ Account number \_\_\_\_\_

#### Naming Beneficiaries:

When we receive your membership application, we will email the primary contact person named above to request contact information for individual beneficiaries.

#### How did you learn about ISUH?

Colleague

International Conference on Urban Health

Journal of Urban Health

Other (please specify: \_\_\_\_\_)

Please complete and return this form with your payment to:

Andrew Quinn, ISUH Coordinator, New York Academy of Medicine, 1216 5<sup>th</sup> Ave, New York NY 10029