



The International Society for Urban Health

New York Academy of Medicine

1216 Fifth Avenue

New York, NY 10029

T: 212.822.7387 ♦ www.isuh.org ♦ F: 212.876.6220

Institutional Membership Renewal Form

ORGANIZATION

DEPT.

Fill out the following information if it has changed:

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PRIMARY CONTACT PERSON:

LAST NAME

FIRST NAME

M.I.

DEGREE

EMAIL

PHONE (please specify: _____ home _____ work _____ cell)

Our membership cycle is based on the calendar year. All rates are in USD.

Amount enclosed:

Type of Membership	Number of Beneficiaries	Annual Dues
Institution with annual budget \geq \$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 _____

Beneficiaries:

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

Please complete and return this form with your payment to:

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