



**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](http://www.isuh.org) ♦ F: 212.876.6220

# New Individual Membership Application

\_\_\_\_\_  
LAST NAME FIRST NAME M.I. DEGREE

\_\_\_\_\_  
POSITION/TITLE

\_\_\_\_\_  
ORGANIZATION DEPT.

\_\_\_\_\_  
STREET ADDRESS (please specify: \_\_\_\_ home \_\_\_\_ work)

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

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

All rates are in USD.

Amount enclosed:

Type of Membership	Annual Dues
Individual	<input type="checkbox"/> \$150
Retired	<input type="checkbox"/> \$100
NYAM Fellow	<input type="checkbox"/> \$100
Full-time Student	<input type="checkbox"/> \$50
Employee of Community-Based Org	<input type="checkbox"/> \$50
Resident of Developing Country	<input type="checkbox"/> \$25

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 \_\_\_\_\_

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