



**The International Society for Urban Health**

New York Academy of Medicine

1216 Fifth Avenue

New York, NY 10029

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# Individual Membership Renewal Form

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

Fill out the following information if it has changed:

\_\_\_\_\_  
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 \_\_\_\_\_

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