



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

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"/> \$15

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 5th Ave, New York NY 10029