



**NY CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC.**

P.O. BOX 887 ALBANY, NY 12201

(TEL) 518-598-7755 (FAX) 518-514-1424 (WEB) HTTP://WWW.NYSURGEON.ORG

**Membership Dues Statement**

*Please print your information and include your ACS ID.*

Name:

ACS ID:

Address:

Telephone:

Fax:

Email:

**Membership Dues (January 1, 2021 – December 31, 2021)**

- Fellow Membership Dues** **\$250.00**  
I am a Fellow of the American College of Surgeons and would like to be an active member of the New York Chapter, American College of Surgeons.
- I am a(n) (**Associate Fellow/Resident/Medical Student**) of the American College of Surgeons and would like to activate/renew my membership to the New York Chapter, American College of Surgeons. **\$0.00**
- NY Surgeon PAC Contribution (optional)** Help us establish relationships with policymakers to ensure surgical advocacy remains a top priority in NY (please circle) **\$50.00 \$100.00 \$200.00**  
**\$250.00 \$500.00**  
**\$ \_\_\_\_ Other**

**Important Information on Deductibility of Dues -**

Pursuant to IRS disclosure requirements, please note that 8% of the total dues payment is allocated to lobbying activities and therefore that portion is not eligible for a tax deduction. The Tax ID# of the NY Chapter of the ACS is 38-3641512

**TOTAL** **\$ \_\_\_\_\_**

**Payment Options:** *Please remit by January 31, 2021*

**Check – Make payable to: NY Chapter of the ACS**

**Credit Card** Visa MasterCard Discover Amex

**Name on Card:** \_\_\_\_\_

**Billing Address:** (if different than above - please include zipcode)  
\_\_\_\_\_  
\_\_\_\_\_

**REMIT PAYMENT:**

**Mail:** NY Chapter of the ACS

PO Box 887, Albany, NY 12201

**Fax:** (518) 514-1424

**Online:** www.nysurgeon.org

**Card Number:** \_\_\_\_\_

**Exp Date:** \_\_\_\_ / \_\_\_\_

**Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*For Office Use Only*

Payment #: \_\_\_\_\_ Dues Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_