



NY CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC.

P.O. BOX 887 ALBANY, NY 12201

(TEL) 518-953-5401 (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:

Annual Membership Dues (January - December)

- 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 / \$25.00 / \$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:

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)

Card Number: _____

Exp Date: ____ / ____

Security Code: _____

Signature: _____

REMIT PAYMENT:

Mail: NY Chapter of the ACS
PO Box 887, Albany, NY 12201

Fax: (518) 514-1424

Online: www.nysurgeon.org

For Office Use Only

Payment #: _____ Dues Paid: _____ Date Paid: _____