

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](http://www.nysurgeon.org)

Membership Dues Statement

Please print your information and include your ACS ID.

Name:

ACS ID:

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Membership Dues (January 1, 2024 – December 31, 2024)

<input type="checkbox"/>	Fellow Membership Dues 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.	\$250.00
<input type="checkbox"/>	I am a(n) (Associate Fellow) of the American College of Surgeons and would like to activate/renew my membership to the New York Chapter, American College of Surgeons.	\$20.00
	I am a (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
<input type="checkbox"/>	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 \$250.00 \$500.00
		\$ ____ Other
		\$ _____ Total

Payment Options: *Please remit by January 31, 2024*

☐ **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: <https://nysurgeon.org/Renew-Your-Dues>

For Office Use Only

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