NYSSOS Membership Dues
Renewal

INVOICE

Name:                            Member ID:  
Address:  
Telephone:           Fax:      Email:  

<table>
<thead>
<tr>
<th>Membership Dues</th>
<th>Active Member - I am an orthopaedic surgeon practicing in New York. $350.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Associate Member - I have engaged in the practice of orthopaedic surgery for less than two years in New York. $175.00</td>
</tr>
<tr>
<td></td>
<td>Candidate Member - I am engaged in full-time in an residency review committee approved residency or fellowship program in orthopaedic surgery $20.00</td>
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<tr>
<td></td>
<td>OrthoPAC of NY Contribution (optional) Help us establish relationships with policymakers to ensure musculoskeletal care remains a top priority in NY. (please circle) $100.00 $250.00 $500.00 $1000.00 $ Other</td>
</tr>
</tbody>
</table>

Important Information on Deductibility of Dues - Pursuant to IRS disclosure requirements, please note that 58% 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 NYS Society of Orthopaedic Surgeons is 51-0228064

TOTAL $ __________

Payment Options:

[ ] Check – Make payable to: NYSSOS  
[ ] 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: NYSSOS  
PO Box 38004, Albany, NY 12203  
Phone: (518) 439-0000  
Fax: (518) 207-0080  
Online: https://nyssos.org/Why-Renew

NYS Society of Orthopaedic Surgeons  
150 State St. Fl. 4, Albany, NY 12207 | www.nyssos.org | Phone: 518-439-0000 | Fax: 518-207-0080