



# NYSSOS Membership Dues Renewal INVOICE

Name:

Member ID:

Address:

Telephone:

Fax:

Email:

## Membership Dues

- |                          |  |                 |  |
|--------------------------|--|-----------------|--|
| <input type="checkbox"/> | <b>Active Member</b> - I am an orthopaedic surgeon practicing in New York.   |                 | <b>\$350.00</b>  |
| <input type="checkbox"/> | <b>Associate Member</b> - I have engaged in the practice of orthopaedic surgery for less than two years in New York.   |                 | <b>\$175.00</b>  |
| <input type="checkbox"/> | <b>Candidate Member</b> - I am engaged in full-time in a residency review committee approved residency or fellowship program in orthopaedic surgery          |                 | <b>\$20.00</b>   |
| <input type="checkbox"/> | <b>OrthoPAC of NY Contribution (optional)</b> Help us establish relationships with policymakers to ensure musculoskeletal care remains a top priority in NY. | (please circle) | <b>\$100.00 \$250.00<br/>\$500.00 \$1000.00<br/>\$ _____ Other</b> |

### **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](http://www.nyssos.org) | Phone: 518-439-0000 | Fax: 518-207-0080