

JOIN Today...50% Savings

*Be a part of organized medicine and join the
Bronx County Medical Society & the Medical Society State of NY*

2011 - Membership Application

Dues Cycle: July 2010 to August 2011

Last Name First Name

Business Address:

City State Zip Code

Telephone Fax Email

Medical School _____ Graduated _____ License # _____

Date of Birth _____ Speciality _____

Membership Classification & Dues Rates –Please check one

- Full time Physicians** - \$775 - (\$305 Bronx - \$470 State)
- Young Physicians** - \$210 - (Under the age of 40 or in the first 5 years of practice)
Increases gradually over 3 years. (YP1) – Dues \$210 - (YP2) – Dues \$385 -(YP3) – Dues \$585

(MAKE CHECK PAYABLE TO “BRONX COUNTY MEDICAL SOCIETY” OR CREDIT CARD Visa, MasterCard or AMEX) \$ _____

Card # ---

Expiration Date - Vcode on the back of your card

AMEX code on the front of your card

Signature

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