



NYC ASM ANNUAL DUES RENEWAL FORM

MEMBER DUES: \$25.00

Date _____

NAME: _____

HOME ADDRESS: _____

Email ADDRESS*: _____

***Required**

AFFILIATION: _____

MEMBER OF NATIONAL ASM (circle one) YES NO

(Members of NYC ASM are not automatically members of the national ASM and *vice versa*.)

NOTE the NEW mailing address for checks and applications below!

Mail this application along with your check to:

Attn: Dr. Wendy Szymczak
Montefiore Medical Center
Clinical Microbiology Laboratory
8th Floor, Silver Zone, RM 022
111 E 210th Street
Bronx, NY 10467

Please write your checks out to the NYC ASM.