



2018
MEMBERSHIP JOIN/RENEWAL

MEMBER INFORMATION

F Name:		MI:		Last:		Familiar:		Degree/Cert:	
Title:				Username ¹ :			Password ¹ :		
Company:						Website:			
Address:					City:			State:	Zip:
Phone:			Fax:			Email:			

Practice Profile: (¹Minimum of 6 characters for secure website account)

# MD's:		# PA's		# Staff:		Memberships:	<input type="checkbox"/> AAOE; <input type="checkbox"/> MGMA; <input type="checkbox"/> NYMGMA; <input type="checkbox"/> AAOS; <input type="checkbox"/> NYSSOS		
County:			District (see below):						

<u>District</u>	<u>County</u>
1	Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, Alleghany
2	Monroe, Wayne, Cayuga, Onondaga, Livingston, Ontario, Yates, Seneca, Cortland, Tompkins, Steuben, Chemung, Tioga, Schuyler
3	Oswego, Jefferson, St. Lawrence, Franklin, Clinton, Essex, Lewis, Herkimer, Hamilton, Fulton, Warren
4	Oneida, Madison, Chenango, Broome, Otsego, Schoharie, Montgomery
5	Saratoga, Washington, Schenectady, Albany, Rensselaer
6	Delaware, Greene, Columbia, Sullivan, Ulster, Dutchess, Orange, Putnam, Westchester, Rockland
7	New York, Bronx, Kings, Richmond, Queens, Nassau, Suffolk
8	Other County or State, Please List:

PAYMENT OPTIONS:

Membership	@ \$75	75.00
Add Additional Key Staff as members:	@ \$75/ea.	
<u>Name</u>	<u>Title</u>	<u>Email</u>
Total:		

Check enclosed: (Preferred) Payable to: "NYS Bones" Mail: **NYS Bones, Inc., PO Box 524 Slingerlands, NY 12159**

Credit/Debit Card: VISA Master card AmEx

Card #:		Expire:	/	Code:		Phone:	
Card Name:	Signature:			Email:			
Billing Add:	City:		State:		Zip:		