NYS Bones
NEW YORK STATE SOCIETY OF ORTHOPAEDIC EXECUTIVES

2019 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: ([1]Minimum of 6 characters for secure website account)

# MD's:		# PA's		# Staff:		Memberships:	❒ AAOE; ❒ MGMA; ❒ NYMGMA; ❒ AAOS; ❒ NYSSOS		
County:				District (see below):					

District	County
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.**	

Name	Title	Email	
		Total:	

❒ **Check enclosed:** 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:	

Mail: NYS Bones, Inc., PO Box 524 Slingerlands, NY 12159 • **Online:** www.NYSBones.org

*If paying by credit card please scan form to Diane Gerry- dgerry@orthony.com