



nyspmr

The New York Society of Physical Medicine and Rehabilitation

Application Form

First Name: _____ MI: ___ Last Name: _____

Degree(s): _____ [] Attending [] Resident [] Medical Student [] Other _____

Mailing Address:

Street: _____

City/Town: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PMR Residency: Y/N

Name of Institution: _____ Year/Expected Year of graduation: _____

Membership Dues: (Please note 50% of current dues are tax deductible)

Active member (New or Existing Attending Physician).....\$160

Resident member rate from one program.....\$30

Medical Students.....\$20

Please make checks payable to: "The New York Society of PM&R"

IF renewing, please note this on check or money order.

Application forms, checks, money orders and/or program director letters may be dropped off at society meetings, workshops, or mailed to:

The New York Society of PM&R

PO BOX 65

Albertson, NY 11507

For new members, please email NYsocietyofPMR@gmail.com to be added to the member email list.

Thank you and Welcome to NYSPM&R!!!