



Individual Membership Form

New Application

Renewal

Check the appropriate membership category:

Regular \$60 **Early Career (0-3 yrs at 1st job) \$40**

Student/Retiree \$25 **Low-Income (below \$30,000) \$25**

Enclosed is my additional donation in the amount of \$_____.

I have enclosed payment for the following:

\$_____ Membership Dues

\$_____ Donation

\$_____ GRAND TOTAL

_____ Date

Payment Method

My check payable to PHANYC enclosed

I prefer to use my credit card Visa MasterCard AmEx

Name on card _____ Exp. Date _____

Billing Address _____

Card # _____ 3 Digit Code: _____

Contact information

Name _____ Degree(s) _____

Title _____

Employer/School _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Home Phone (optional) _____ Email _____

Please use the contact information above in the PHANYC membership roster

Please do not include my name or information in the PHANYC membership roster

APHA member? yes no How did you hear about PHANYC? _____

How would you like to receive communications? _____ email only _____ mail only _____ both email & mail

I am interested in serving on the following PHANYC Committee(s) and Activities:

Public Policy & Legislation Program Membership Student Awards

Nominating Communications Development *Agenda for a Healthy New York*

Areas of expertise & interest _____

Please Mail/Fax to: PHANYC, 1710 First Ave, Ste 282 • NY, NY 10128 • Fax: 212-722-0726 • Tel: 212-722-1063

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