



Infectious Diseases Society of New York

Membership Form

Name _____ MD PharmD PhD Other

Renewal (payment information of address changes only)

New member (fill out this form completely)

Hospital affiliation & position _____

Academic affiliation & title _____

Preferred mailing address _____

Work phone _____ Cell phone _____

Fax _____ Email _____

Are you a member of IDSA Yes No

Are you a Fellow-in-Training Yes No

Payment enclosed: Dues \$ _____ Department Chair ID or Pharmacy - \$125
Full professor/Private Practice - \$100
Associate/Assistant Professor/PharmD - \$75
Tax-deductible Contribution \$ _____ Instructor - \$50
Fellow/Resident/Intern/Student – no charge

Total \$ _____

Membership fees are due on an annual basis. Fellow-in-Training and those who are not IDSA members must be sponsored by two members of IDSNY in good standing; download the sponsor form on the website. Fellows, residents, interns, and students are exempt from paying dues. Please contact the IDSNY Secretary Michael Levi ScD (MLevi@Montefiore.org) with any questions.

Send completed application and check payable to IDSNY for total above to:

Michael Levi, ScD, Director of Microbiology, Montefiore Medical Center, 111 East 210th St,
Bronx, NY 10467. Tel (718) 920-4189