Infectious
Diseases Society
Of New York

Membership Form

Name _____ ☐ MD ☐ PhD ☐ Other

☐ Renewal (payment info or address changes only)

☐ New Member (fill out completely)

hospital affiliation & position

_____

_____

_____

academic affiliation & title

_____

_____

_____

preferred mailing address

_____

_____

_____

telephone _____ ext _____

beeper _____

fax _____

e-mail _____

How shall we correspond with you? ☐ regular mail ☐ e-mail

Are you a member of IDSA? ☐ yes ☐ no

Are you a Fellow-in-Training? ☐ yes ☐ no if yes, date fellowship ends _ _ _ _ _

Payment enclosed: Dues $ 50.00

Tax-deductible contribution $ _____

TOTAL $ _____

Membership dues are $50.00 per year. Members must be physicians or individuals in the medical sciences with experience or special interest in the field of Infectious Diseases. Fellows-in-Training and those who are not members of IDSA must be sponsored by two members of IDSNY in good standing; download sponsor form on web site. Fellows are exempt from paying dues. Please contact the IDSNY Secretary, Michael Levi ScD, mlevi@montefiore.org, if you have any questions.

Send completed application and check for total above to:
Michael Levi ScD ABMM
Director, Microbiology
Montefiore Medical Center
111 East 210th St
Bronx, NY 10467
Tel 718-920-4189
Fax 718-654-7402

Check payable to **IDSNY**