



INFECTIOUS  
DISEASES SOCIETY  
OF NEW YORK

MEMBERSHIP FORM

name .....  MD  PhD  other

hospital affiliation & position

academic affiliation & title

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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  
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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](mailto:mlevi@montefiore.org), if you have any questions.

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