



New York Society for Health Planning

30 Jericho Turnpike, #174

Commack, NY 11725

Ph. (631) 864-8709 Fax (631) 864-8397 www.nyshp.org

Membership Application Form

Name: _____

Title: _____

Organization: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Send Mail To: Home Business (circle one)

Dues Schedule

Annual dues are \$125 for one calendar year.

Student dues are \$35 for one calendar year.

Dues received after October 1st are credited for the following year.

Please make your check payable to **NYSHP** and send it with this form to:

NYSHP

30 Jericho Turnpike, Suite 174

Commack, NY 11725

(631) 864-8709

dgoldman@nyshp.org

www.nyshp.org