



# The New York State Society of Anesthesiologists, Inc.

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TELEPHONE: 212-867-7140 | FAX: 212-687-1005 | INTERNATIONAL: +00 followed by number

## Active Member Application

Date of application: \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_  
LAST FIRST MIDDLE MM/DD/YY

3. Home Address (required). Is this your primary address?  Yes  No  
NUMBER STREET CITY STATE ZIP CODE

4. Business Address (required). Is this your primary address?  Yes  No  
COMPANY NAME DEPARTMENT  
NUMBER STREET CITY STATE ZIP CODE

5. OFFICE TELEPHONE MOBILE TELEPHONE E-MAIL ADDRESS

6. State of Principal Professional activity (e.g., Florida): \_\_\_\_\_

7. Gender:  Male  Female 8. Medical Education: \_\_\_\_\_  
SCHOOL  
CITY STATE ZIP CODE COUNTRY YEARS DEGREE

9. Residency: \_\_\_\_\_  
LOCATION AND DATES

10. Licensed to practice in: \_\_\_\_\_ / \_\_\_\_\_  
STATE AND DATE STATE AND DATE

11. Certification by: ABA: \_\_\_\_\_ Other Certification: \_\_\_\_\_  
DATE ABA I.D. NUMBER DATE NUMBER

12. Applicants Signature: \_\_\_\_\_

13. Payment Information If paying by credit card, your card will be charged upon approval of your application.

Note: Dues of \$695.00 (plus district fee) must accompany application. Districts are based on your primary place of practice.

Please charge my:  AMEX  MC  VISA

\_\_\_\_\_  
CREDIT CARD NUMBER EXPIRATION DATE (MM/YY)  
\_\_\_\_\_  
CARD HOLDER NAME (PLEASE PRINT) SIGNATURE

### NYSSA DISTRICTS

- Dist. 1 Kings (Brooklyn) & Queens Counties \$40
- Dist. 2 New York (Manhattan) & Richmond (Staten Island) Counties \$30
- Dist. 3 Bronx, Westchester, Rockland, Orange & Putnam Counties \$50
- Dist. 4 Albany, etc. \$75
- Dist. 5 Syracuse, etc. \$40
- Dist. 6 Rochester, etc. \$20
- Dist. 7 Buffalo, etc. \$45
- Dist. 8 Nassau & Suffolk Counties (L.I.) \$50

### TO BE COMPLETED BY COMPONENT SOCIETY SECRETARY

Approved as a(n) \_\_\_\_\_ member in good standing of the

CATEGORY

\_\_\_\_\_ Society of Anesthesiologists.

COMPONENT

\_\_\_\_\_ DATE

SECRETARY OF COMPONENT SOCIETY