



The New York State Society of Anesthesiologists, Inc.

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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 \$50
- Dist. 3 Bronx, Westchester, Rockland, Orange & Putnam Counties \$50
- Dist. 4 Albany, etc. \$60
- 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