



To become a Member of The New York Academy of Medicine, please complete this form and return with a current curriculum vitae to: Chairman, Committee on Admissions, The New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029. If you have questions or need information, please contact the Office of Trustee and Fellowship Affairs at NYAM, (212) 419-3644 or visit www.nyam.org.

1. Name _____

2. Date of Birth _____

3. Title & Affiliation _____

4. Office Address _____

Home Address _____

5. Office Phone _____ Home Phone _____

6. E-mail _____

7. License # _____ State _____ Year _____

8. Specialty _____

9. Subspecialty _____

10. Board Certification Yes No

11. Principal Activities (*indicate percentage of time*)

Teaching _____ Clinical Practice _____ Administration _____ Research _____


Retired _____ Health Policy _____ Public Health _____ Other _____

12. How do you foresee your interface with NYAM activities and program? _____

13. Have you ever been denied membership by a professional society? Yes No (*if yes, please attach details*)

14. Have you ever been convicted of a crime? Yes No (*if yes, please attach details*)

15. Have you ever been subject of civil or criminal litigation or administrative proceedings related to your professional or nonprofessional activities?

Yes No (*if yes, please attach details*) 

16. Proposer (*must submit a letter of recommendation*)

Name of Proposer

Address

Phone

E-mail

By submitting this application, I certify that the information contained herein is true and correct to the best of my knowledge, and accept and agree that any information found to be false may be grounds for denial of membership.

Signature

Date
