



2020 Membership **Deadline March 31**

Please fill out this form for renewals, *new members* and *membership changes* and send the form to the:

NYS AVSA Membership

Nancy Sheehan, NYS AVSA Vice President

Vassar Brothers Medical Center

45 Reade Place, 4th floor

Poughkeepsie, NY 12601

New Member

Renewal

AHVRP Member

List other professional affiliations: _____

Date: _____

Member's name: _____

Title: _____

Name of Facility: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Full Membership \$40.00:

Enclosed

To Follow

Dues paid by:

Individual (not transferable)

Facility (transferable)

Checks are to be payable to: **NYS AVSA**.

Once membership dues are received the member's information on this form will be officially add/change/delete on our mailing list. The information will then be updated on our web page: www.nysavsa.org at which time active members will have full access to NYS AVSA and its services. In addition, your name will be made available to the NYS AVSA Membership for networking purposes. Also there is an option to join the private NYS AVSA Facebook page.