New York State Society of Plastic Surgeons

NYS SOCIETY OF PLASTIC SURGEONS, INC.
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Membership Dues Statement

This information will be published in the NYSSPS Online Membership Directory.

Name:

Address:

City, State, Zip Code:

Telephone: **Fax**: **Email**:

Membership Dues: Member ID _____

[ ]	**Active Member**	**$250.00**
[ ]	**Candidate Member**	**$250.00**
[ ]	**Uniformed Services (Full Time Officer)**	**$125.00**
[ ]	**Resident Member**	**$0.00**

Important Information on Deductibility of Dues
NYSSPS dues are not deductible as a charitable contribution for federal income tax purposes. Dues may, however be deductible as a business expense. Please note: in compliance with federal tax law, we must notify you that the portion of your dues representing lobbying expenses is not deductible. We estimate that approximately 20% of the dues paid to NYSSPS for 2018 cannot be deducted by our members as a business expense for federal income tax purposes. While we regret that this portion of your dues is non-deductible, it is vitally important that NYSSPS continue to advocate aggressively for the rights of Plastic Surgeons and their patients.

TOTAL **$** _____

Payment Options:

[ ] Check – Make payable to NYSSPS

[ ] Credit Card: AMEX Visa MasterCard Discover

Name on Card: _____

Billing Address: **(if different than above - please include zipcode)**

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4 EASY WAYS TO REMIT PAYMENT:

Online: www.nyssps.org/membership/renew

Mail: NYSSPS, PO Box 3728, Albany, NY 12203

Fax: (518) 514-1424

Email: nyssps@gmail.com

Card Number: _____ **Exp Date:** ____/____ **Security Code:** _____

Signature: _____

For Office Use Only

Payment #: _____ Dues Paid: _____ Date Paid: _____