EMPIRE STATE MEDICAL ASSOCIATION

49 West 127th Street, NY, NY 10027 Tel: 212-663-0473 Fax: 917-493-1010 email: dlarochemd@aol.com,
WEBSITE: WWW.NYESMA.ORG

2010- EXECUTIVE COMMITTEE

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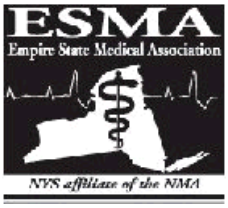

2010 Membership Application
Membership Dues $100.00 (includes listing on state website)

Name:_____

Main Practice Address:
_____
_____
_____

Home Address:
_____
_____
_____

Specialty_____
Subspecialty_____
College Attended:
_____
Medical School Attended:
_____
Telephone W:_____
Telephone H:_____
Fax:_____
Email address_____

Top 3 Things you would like to see the state association do:
1)_____
2)_____
3)_____

Would you be interested in taking a leadership role in ESMA? __Yes __No
If Yes, would role would you be interested in?_____
_____

Kindly mail immediately with dues payment to:
Dr. Kathleen Watson, Treasurer (kathowat@aol.com)
Empire State Medical Association
89 St. Marks Avenue
Brooklyn, NY 11217