

EMPIRE STATE MEDICAL ASSOCIATION (NYS AFFILIATE NMA)

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WWW.NYESMA.ORG

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2008 Membership Application Membership Dues \$100.00 (includes listing on state website)

Name: _____

Main Practice Address:

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Specialty _____

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College Attended:

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Telephone W: _____

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Top 3 Things you would like to see the state association do:

1) _____

2) _____

3) _____

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