

**Montefiore Medical Center
Staff and Alumni Association
MEMBERSHIP RENEWAL
TIME TO RENEW!!**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please check off one of the following:

- \$60 Basic Membership
- \$30 Junior Membership (2-5 Years following training)
- \$0 Complimentary (1st year following training)
- \$1000 Life Membership (may be paid in installments)
- \$0 House Staff

In addition to my annual membership, I wish to contribute \$_____ to:

Emergency Loan Fund, *Programs & Services (e.g., Career Night; Newsletter)*,
 Scholarships for AECOM graduates, *Prizes & Awards (e.g., Moses Prize)*,
 The Children's Hospital at Montefiore, *Medical Library/Tishman Learning Center*

Total: \$_____

† Enclosed is my check made payable to: **Montefiore Staff & Alumni Association**

Please charge my credit card account: † AMEX † MasterCard † Visa

Card #: _____

Exp. Date: _____

Name On Card: _____

Signature: _____