



# NYSACCME MEMBERSHIP APPLICATION

I wish to  JOIN or  RENEW membership with New York State Association of County Coroners and Medical Examiners  
My 2017 membership will be:

**\$110** \_\_\_ Full (currently an Elected or Appointed Coroner/Medical Examiner/Death Investigator)

**\$110** \_\_\_ Associate (not a current Coroner/Medical Examiner/Death Investigator)

**\$50** \_\_\_ Student (include proof of enrollment in a qualifying educational program)

**\$50** \_\_\_ Retired/Emeritus (former member, no longer in office due to retirement)

# \_\_\_ x **\$110** = \_\_\_ Group Membership (conference attendees can be interchangeable)

[ ] Please mail me additional window decals at \$5 each ( \_\_\_ # of decals) Include payment in check.

**NAME** \_\_\_\_\_

( )Mr. ( )Mrs. ( )Ms. ( )Dr. ( )Other \_\_\_\_\_

**TITLE** \_\_\_ Coroner \_\_\_ Medical Examiner \_\_\_ Death Investigator

\_\_\_ Other (please identify your position) \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE** ( \_\_\_ ) \_\_\_\_\_

**OFFICE PHONE** ( \_\_\_ ) \_\_\_\_\_

**CELL PHONE** ( \_\_\_ ) \_\_\_\_\_

**FAX** ( \_\_\_ ) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**Please make check payable to NYSACCME and mail with application by January 15, 2017:**

**NYSACCME**

**Susan J. Ernst**

**Administrative Assistant**

**4721 Pine Hill Road**

**Albion, New York 14411**

**PAYMENT POLICY:** Check or Money Order must accompany this form, in lieu of County Voucher.

\$25 Service Charge will apply for checks returned for insufficient funds.

**This is your receipt, make a copy. Fill in check amount \$ \_\_\_\_\_, check number \_\_\_\_\_. THANK YOU**

**If you know anyone who falls into the membership categories listed above that would like to join NYSACCME,  
please make a copy of this application and pass it on.**

**585.589.5410/Fax 585.589.5410/[nysaccme@rochester.rr.com](mailto:nysaccme@rochester.rr.com)**

**[www.nysaccme.org](http://www.nysaccme.org)**