



NYSACCME MEMBERSHIP APPLICATION

I wish to JOIN or RENEW Membership with New York State Association of County Coroners and Medical Examiners

My 2018 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, 2018:

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 Non-Sufficient Funds (NSF)

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

www.nysaccme.org