



# NYSACCME MEMBERSHIP APPLICATION

## January 2025 - December 2025

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

My 2025 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 1, 2025

NYSACCME  
Tami Greenwood  
Administrative Assistant  
6179 Middle Road  
Munnsville, NY 13409

**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.

315-750-6997 [tgreenwood@nysaccme.org](mailto:tgreenwood@nysaccme.org)

