

Coalition for Physician Enhancement

Application for General Membership 2010

Membership Category

General* Annual Dues: \$150 USD

Contact Information – General Membership

Name	
Title	
Institution	
Mailing Address	
Telephone	
Fax	Email

Completed General Membership Application and check or credit card payment authorization should be mailed to:

Coalition for Physician Enhancement Membership Application
c/o Dr. Henry Pohl
Vice Dean for Academic Administration
Albany Medical College
47 New Scotland Avenue, MC-34
Albany, NY 12208

Checks for membership dues should be made payable to:

Albany Medical College
TIN: 14-1338310

For credit card payment:

Fill out and submit the Credit Card Charge Slip form provided.

Please make sure that the check or Credit Card Charge Slip form is enclosed with the application.

If you are renewing your membership please also include the Membership Renewal Invoice with your payment and application.

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Albany Medical Center Credit Card Charge Slip

Charge Amount				
Credit Card Information				
Check one:	American Express	VISA	MasterCard	Discover
Card Holder Name				
Card Holder Address				
Card Holder Telephone				
Credit Card Number			Exp. Date	
Signature				

For office use only	
Date Information Processed	
Authorization Number Obtained	
Signature of person processing information	Ext. #