



Alumni Membership Renewal Application

PLEASE ALLOW A WEEK PROCESSING TIME!

Expiration Date: _____

Filled out is the most recent information we have for you. Please make any corrections.

Name: _____ Primary Phone: _____ Other Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

NYS License #: _____ Email Address: _____

Insurance Carrier: _____ Policy Number: _____

Where do you work *This is required by the NYS Board of Education. We will not solicit the business.*

Business Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

* Would you like us to put your business on our graduate practitioner map located on the NYIM website? YES NO

Comments or corrections to the above information can be made here

Please enclose a check or money order in the amount of \$25.00, payable to the Alumni Association of NYIM.

**Mail to : AANYIM
PO BOX 966
Buffalo, NY 14231**

OR

**Turn in at the front
office of NYIM**

Office Use Only

Date Received: _____

Payment Type _____

Entered in system: _____

Check # _____

Confirmation sent: _____

Insurance Included _____