

To apply by mail for Individual Membership to the *International Society for Urban Health*, please complete this form in its entirety, print and mail along with a check (made payable to: "The New York Academy of Medicine") to:

International Society for Urban Health - Secretariat  
c/o The New York Academy of Medicine  
1216 Fifth Avenue  
New York, NY 10029-5202  
USA

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I am applying for:  New Membership  Membership Renewal

Title:  Dr  Mr  Mrs  Ms

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Company / Institution Name (if applicable):

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- Type of Membership:  Individual (Residents of High-Income Countries) - \$150  
 Individual (Residents of Upper Middle-Income Countries) - \$75  
 Student (Residents of High-Income Countries) - \$50  
 Individual (Residents of Lower Middle-Income & Low-Income Countries) - \$25  
 Student (Residents of Low & Middle-Income Countries) - \$15  
 Fellow of The New York Academy of Medicine - \$100

To identify your country economy type, see World Bank list of economies [HERE](#)

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