



# Membership Renewal Form

2002 - 2003

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Organization/Company Web Site Address: \_\_\_\_\_

I have been a member of AIRA since \_\_\_\_\_

**Type of AIRA Membership Requested** (check one)

- Individual Member @ \$75.00
- Organization Member @ \$195.00
- Affiliate Organization Member @ \$195
- Sustaining Member @ \$1000.00
- Individual Retired Charter Member/Free

Enclosed is a check in the amount of \$ \_\_\_\_\_

Check or money order should be made payable to **AIRA/MHRA Membership** and returned to:

**Cindy Sutliff, Executive Director**  
**AIRA @**  
**Medical and Health Research Association of New York City, Inc.**  
**NYC Department of Health**  
**c/o Citywide Immunization Registry**  
**125 Worth Street, Box 64R**  
**New York, NY 10013**

**I am interested in participating on an AIRA Committee. Please check one. Urban/City Registries Committee\_\_\_\_, Technical Committee\_\_\_\_, Education Committee\_\_\_\_.**

