Medical Society of the State of New York
POLITICAL ACTION COMMITTEE

MSSNYPAC Subscription Statement

MSSNYPAC is the preeminent physician political action committee in New York State, representing physicians, residents, students and the MSSNY Alliance at the state level. Our purpose is to advance, protect and preserve the practice of medicine for the benefit of both the physicians who deliver care and for the patients we treat. We assist physicians in all geographic regions and in all practice environments to become the best advocates for their patients. We are guided by the central beliefs that preservation of the option to independently practice medicine and protection for physicians who are employed are critical to the well-being of physicians and future of medical practice. We encourage all individuals and businesses that benefit from thriving physician practices, to support the work of MSSNYPAC. Working together, we can continue to be the voice of medicine in healthcare policy discussions. Political action contributions provide opportunity for physicians to build relationships with the members of the New York State Legislature and statewide office-holders through campaign support and face-to-face interaction. When you subscribe to MSSNYPAC by credit card, your payment amount and schedule will continue as indicated below until you change your election. Thank you.

-Joseph R. Sellers, MD MSSNYPAC Chair

Please follow us on social media for the latest updates: @mssnypac

Subscription Leadership Levels
(Choose One Payment Option)

☐ $210/month ☐ $625/quarter ☐ $2,500/year
☐ $85/month ☐ $250/quarter ☐ $1,000/year
☐ $65/month ☐ $190/quarter ☐ $750/year
☐ $45/month ☐ $125/quarter ☐ $500/year
☐ $25/month ☐ $75/quarter ☐ $300/year
☐ $15/month ☐ $45/quarter ☐ $175/year
☐ $_____/month ☐ $_____/quarter ☐ $_____/year

☐ $100 Alliance Membership ☐ $50 Resident Membership ☐ $10 Student Membership

☐ Please check here if you do not wish your annual membership to be automatically renewed.

Card Type: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER
Funds Drawn Are: ☐ PERSONAL ☐ CORPORATE (PC)

NAME ON CARD
CARD NUMBER
EXPIRATION DATE (MM/YY) SECURITY CODE
BILLING ADDRESS
CITY STATE ZIP
PHONE
EMAIL

SIGNATURE
SOCIAL MEDIA HANDLE: (Let us follow you!)

Make checks payable and remit to: MSSNYPAC, 99 Washington Avenue, Suite 408, Albany, NY 12210
Contribute Online: http://www.mssnypac.org/contribute or by Phone: 518-465-8085

POLITICAL CONTRIBUTIONS ARE VOLUNTARY AND NOT DEDUCTIBLE FOR INCOME TAX PURPOSES. THANK YOU.