

**The Clinical Society of Queens & Long Island**  
200-17 Linden Blvd, St. Albans, NY 11412  
Tel:(718) 276-1353 Fax: (718) 276-1354  
E-mail: [csqli@hotmail.com](mailto:csqli@hotmail.com) Website: [www.clinicalsociety.org](http://www.clinicalsociety.org)

## Membership Application

PLEASE PRINT CLEARLY

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Business Industry/Special Interest: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Membership dues: \$200.00 per calendar year** (January-December)

**Membership Renewal**

**New Member**

**Payment Method:** Please Select One:  **Check**  **Money order**  **Other**

Please make checks payable to: **The Clinical Society of Queens & Long Island**  
200-17 Linden Blvd, St. Albans, NY 11412

*Please join our membership and participate in the mentorship, scholarship and fundraiser programs, or make a contribution to the organization. **Thanks for joining.***

Angela Todd M.D. – President