

**RESIDENTS & FELLOWS ALUMNI SOCIETY
MEMBERSHIP FORM**

Name _____

Title _____

Address _____

City/State _____ Zip _____

Telephone _____ Pager _____

Fax _____

E-mail _____

Graduation Year/Dept _____

To keep all our members informed of upcoming events and news, how would you prefer we contact you?

_____ Phone _____ Pager _____ E-mail _____ Postal Mail

Please make check of \$50 payable to: HSCB Foundation Account # 3164

Mailing Address:

**Residents & Fellows Alumni Society Fund
Institutional Advancement & Philanthropy
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 93
Brooklyn, NY 11203**

Attention: Ingrid Dildy