



NEW YORK STATE PBA SURGEONS GROUP

Name: _____ Degree: _____

Medical Specialty: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Number: (____) _____ Home Email: _____

Office Address: _____

Office Number: (____) _____ Office Fax: (____) _____ Pager/Cell: (____) _____

Referred by: _____

To register your placard, please provide the following information:

Vehicle 1 (Year, Make, Model) _____ License Plate _____

Vehicle 2 (Year, Make, Model) _____ License Plate _____

To complete your ID card, please complete the following:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: _____

Medical Alert Information (if any): _____

Personal web link - to be added to the PBADoctors.com website _____

Please read and complete the following as indicated:

1. All completed applications should be forwarded directly to:
New York State Troopers PBA, 120 State Street, Albany, NY 12207 Attn: Police Surgeons Group
2. Please attach a copy of your New York State License and Registration to practice medicine.
3. Attach a current resume.
4. Provide two passport photos with names printed on the back.
5. Submit a check or money order in the amount of \$350 to cover the application fee and the first years' dues. This amount will cover the cost of application, wallet with shield and ID, and parking placard. Thereafter, dues renewal in the amount of \$350 per year shall be paid to cover parking placard, bumper sticker, and ID card renewal, window decals, and membership cards. Annual dues are to be paid before January 31st of each year. All checks should be payable to the New York State Troopers PBA.
6. If your shield or ID are lost or stolen, you are to notify the PBA office immediately.

Surgeon Program Rules and Regulations

1.1 NAME AND GOOD-WILL

An Associate Member may not use their affiliation with the NYSTPBA or the NYSTPBA's name, contacts, work products, opportunities or other property to further the Associate Member's personal or outside activities, business or employment.

An Associate Member may not use the NYSTPBA's name in such a way as to lend weight or prestige to an Associate Member's sponsorship of a political party or cause, or in an endorsement of the products, services, or causes of any outside company or organization.

2.2 LEGISLATIVE LOBBYING & POLITICAL ACTIVITIES

No NYSTPBA name or logo may be used for any legislative lobbying or political activities other than those activities undertaken by the NYSTPBA itself.

2.3 PUBLICATIONS

Either the President or his designee must approve any publication by an Associate Member if it:

- (1) Bears the NYSTPBA name;
- (2) Pertains to the subject matter of the NYSTPBA's work;
- (3) Results from a communication to or by the employee at the NYSTPBA; or
- (4) Is created through the use of any NYSTPBA facilities, equipment, or work product.

2.4 SOLICITATION & DISTRIBUTION

Associate Member's may not use the NYSTPBA's property or work time to sell personal products or services or solicit funds.

AGREEMENT

I hereby apply to become a participating physician and Associate Member of the New York State Troopers PBA Surgeons Group. I agree to accept the fees listed in the member's schedules as full payment for services to all active or retired members of the New York State Troopers, PBA, their spouses, and eligible dependants. In the event that I choose to terminate this membership, I agree to notify the PBA in writing at least thirty days in advance of the effective date of termination. I understand that the NYSTPBA reserves the right to terminate my membership in the NYSTPBA Surgeons Group. I understand that if my membership is discontinued for any reason, I will return all materials pertaining to the organization.

I agree to provide the highest quality health care to each member. In the event I desire to advertise my status as an Associate Member of the New York State Troopers PBA, I agree to notify the NYSTPBA Board of Directors in advance and await approval. The Board of Directors or its designee may investigate any complaints.

This agreement does not infringe upon my freedom of choice regarding patient selection, nor does it express or imply any constraints or limitations on my clinical judgment or course of treatment. The ID card and placard will not be used to violate or abuse any municipal, vehicle & traffic laws, or penal laws.

My signature below indicates my agreement to and acceptance of the terms and conditions of membership as outlined by the New York State Troopers, PBA Board of Directors, and set forth in this application.

Signature: _____

Date: _____

Approved by: _____

Date: _____