



**ONE STATEMENT PER MEMBER, PLEASE.** Download additional forms at [www.alneurology.com](http://www.alneurology.com).

**DUES CATEGORY:**

Active Member \$130

\_\_\_\_\_ Total enclosed

**Contact Information for Member**

Please take a moment to provide us with your contact information.

*Please print legibly.*

Name of Member: \_\_\_\_\_

Practice or Facility Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Practice Manager Name: \_\_\_\_\_

Practice Manager E-mail: \_\_\_\_\_

- Make checks payable to Alabama Academy of Neurology (AAN)
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AAN | PO Box 1900 | Montgomery, AL 36102-1900
- Make plans to attend AAN's 2017 Conference | August 12, 2017 | Embassy Suites | Montgomery

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**THANK YOU FOR YOUR MEMBERSHIP!**  
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