



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

**DUES CATEGORY:**

- Active Member - \$130
- Retired - \$25
- Resident/Fellow - Free
- Medical Student - Free

\_\_\_\_\_ 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)
- Payment due upon receipt.
- Mail payment along with this statement to:  
AAN | PO Box 1900 | Montgomery, AL 36102-1900

Credit Card:  VISA  MasterCard  American Express

Cardholder Name: \_\_\_\_\_ E-mail address for receipt: \_\_\_\_\_

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Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**THANK YOU FOR YOUR MEMBERSHIP!**  
[www.alneurology.com](http://www.alneurology.com)