



# 2020 STATEMENT

**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

## Contact Information for Member

Please make changes or additions your contact information listed below.

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

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

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

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

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

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

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

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

- Make checks payable to Alabama Academy of Neurology (AAN)
- Mail payment along with this statement to: AAN | PO Box 1900 | Montgomery, AL 36102-1900
- Save the date for AAN's 2020 Conference | Aug. 22, 2020 | Grand Bohemian Mountain Brook

Credit Card:  VISA     MasterCard     American Express

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

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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