



2021 STATEMENT

ONE STATEMENT PER MEMBER, PLEASE. Download additional forms at www.alneurology.com.
Or, pay dues online at www.tinyurl.com/AAN2021.

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: _____

Office Phone Number: (____) _____

Fax 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

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