



# 2019 Membership Form

**Please make corrections or additions below.**

*One form per member. Blank forms are available at [www.alagastro.org/joinAGS](http://www.alagastro.org/joinAGS).*

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

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

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

Phone Number: \_\_\_\_\_

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

E-mail Address of Member: \_\_\_\_\_

Name of Your Practice: \_\_\_\_\_

Practice Administrator's Name and E-mail Address: \_\_\_\_\_

### **SELECT A DUES CATEGORY:**

**Active Membership \$250**

**Associate Membership \$100**

(Non-physician clinicians, certified registered nurse practitioners and physician assistants)

**Government/Academic \$100**

**Resident and Student FREE**

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

- Make checks payable to Alabama Gastroenterological Society (AGS).
- Mail payment and updated contact information to: AGS | c/o Jill Smith | P.O. Box 5527 | Dothan, AL 36302
- Watch your e-mail for ASG's quarterly newsletter, *Scope*.
- Make your plans to attend AGS's 2019 Annual Conference | August 17-19 | Greensboro, Ga.

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!**