

Please complete the following information.

One form per member. Blank forms are available at 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 Jennifer Hayes | P.O. Box 1900 | Montgomery, AL 36102-1900
- Watch your e-mail for ASG's bi-monthly newsletter, *Scope*.
- Make your plans to attend AGS's 2017 Annual Conference | July 1-2 | Hilton Sandestin

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!