

Please make corrections or additions below.

One form per member. Blank forms are available at www.alagastro.org/joinAGS. You may also complete the form online at www.tinyurl.com/AGS2018.

Name of Member: _____

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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 2018 Annual Conference | February 17-18 | New Orleans, La.

Credit Card: VISA MasterCard American Express

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THANK YOU FOR YOUR MEMBERSHIP!