



2024 Membership Form

Name of Member: _____

Name of Practice: _____

E-mail Address: _____

Practice Administrator's Name: _____

Practice Administrator's Email: _____

SELECT A DUES CATEGORY:

- Active Membership \$250**
- Associate Membership \$125**
(Non-physician clinicians, retired physician, certified registered nurse practitioners, physician assistant, or administrator)
- Government/Academic \$100**
- Resident and Student FREE**

PAYMENT OPTIONS:

- Register online at alagastro.org**
- Text your name and credentials to 334-596-0663**
- Use credit card information below or make checks payable to Alabama Gastroenterological Society and mail to:**

AGS

c/o Jill W. Smith

P.O. Box 5527

Dothan, AL 36302

Credit Card

Cardholder Name: _____ E-mail address _____

Billing Address: _____ City, State, Zip : _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Amount: \$ _____

THANK YOU FOR YOUR MEMBERSHIP!