

Name of Member: _____

Name of Practice: _____

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Phone Number: _____

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

Total enclosed: _____

- Make checks payable to Alabama Gastroenterological Society (AGS).
- Mail payment and updated contact information to: AGS | c/o Jill W. Smith | P.O. Box 5527
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- Watch your e-mail (Constant Contact) for AGS's quarterly newsletter, *Scope*.
- Make your plans to attend AGS's 2021 Annual Conference | August 6-8 | Birmingham, AL

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THANK YOU FOR YOUR MEMBERSHIP!