



## MEMBERSHIP APPLICATION

Your dues contribution plays an integral part in supporting the promotion of research and education in neuroscience. A benefit of being an AAN Alliance member is admission to the AAN Annual Meeting Scientific Program and Exhibits, poster sessions and platform sessions.

Name: \_\_\_\_\_

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

City/State/Zip/Country: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

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

I am interested in being a member of the Alliance Board, serving on a committee, or assisting at the Annual Meeting.

Complete this form and mail it along with the annual membership dues of \$30.00 to:

AAN Alliance  
c/o Accounts Receivable  
1080 Montreal Avenue  
St. Paul, MN 55116

Make checks payable to: American Academy of Neurology  
(U.S. funds only, drawn on a U.S. bank)

Credit Card Payment also accepted: \_\_\_ Master Card \_\_\_ Visa

Fax to: 651-361-4890

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_