



**SELECT A MEMBERSHIP CATEGORY**

(Pay dues online at [www.tinyurl.com/NSA2024Membership](http://www.tinyurl.com/NSA2024Membership))

Active Member \$500       Fully Retired \$0       ANNS PAC Contribution \$250 (Optional)

(Active Membership includes free meeting registration for NSA's annual conference.)

**Contact Information for Member**

Name of Member: \_\_\_\_\_

Professional Designation:  MD     DO

Practice or Facility Name: \_\_\_\_\_

Preferred Mailing Address:  Home     Facility \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Home/Cell Phone Number: (Will not be published) \_\_\_\_\_

I agree to receive text messages from NSA regarding membership and meeting updates.

(For use by NSA's executive director and board only.)

**Some computer systems' firewalls prevent our emails from reaching you. Please provide an email address you check regularly that is not associated with your facility.**

Primary E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

- **Make checks payable to Neurosurgical Society of Alabama (NSA)**
- **Mail payment along with this statement to: NSA | PO Box 1900 | Montgomery, AL 36102**

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!**  
[www.nsaneurosurgeons.com](http://www.nsaneurosurgeons.com)