



2023 MEMBERSHIP DUES

SELECT A DUES CATEGORY:

Active Member \$250

Pay your dues online at tinyurl.com/AUN2023Membership or mail payment and form to:
AUN | c/o Meghan Martin | PO Box 1900 | Montgomery, AL 36102. If your practice would like a group bill for all physicians in your practice, email cmorris@alamedical.org.

Contact Information for Member...

Please take a moment to provide us with your contact information if different than what is listed.

Please print legibly.

Name of Member: _____

Company Name: _____

Mailing Address: _____

City, State and Zip: _____

Work Phone Number: (____) _____

E-mail Address: _____

Office Manager: _____

Office Manager's E-mail Address _____

PAYMENT

Check payable to AUN Credit Card: VISA MasterCard American Express

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

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THANK YOU FOR YOUR MEMBERSHIP!