



2024 MEMBERSHIP DUES

SELECT A DUES CATEGORY:

Active Member \$250

Pay your dues online at tinyurl.com/AUN2024Membership 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 print legibly.

Name of Member: _____

Company Name: _____

Mailing Address: _____

City, State and Zip: _____

Work Phone Number: (____) _____

Cell Phone Number: (____) _____

Cell phones are only used for important academy business by the executive director or physician board members.

Please check this box if you agree to opt into our text messaging system.

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: \$ _____

Alabama Urology Network • www.alabamaurologynetwork.com

THANK YOU FOR YOUR MEMBERSHIP!