



Alabama Society of  
Allergy, Asthma and  
Immunology

# 2024 STATEMENT

**ONE STATEMENT PER MEMBER, PLEASE.** Download additional forms at [www.allergysociety.org](http://www.allergysociety.org).  
Or, pay dues online at [www.tinyurl.com/ASAAI2024Membership](http://www.tinyurl.com/ASAAI2024Membership).

**DUES CATEGORY: Pay before Feb. 20 to avoid the late fee.**

- Member – \$150                       First Year in Practice \$50                       Second Year in Practice \$50
- Resident/Fellow – Free                       Medical Student – Free

Late fee if paid after Feb. 20 - \$50

**Contact Information for Member**

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

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

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

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

Office Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

*Cell phones are only used for important society business by the executive director or physician board members.*  **Please check this box if you agree to opt in to our text messaging system.**

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

Practice Manager Name: \_\_\_\_\_

Practice Manager E- mail: \_\_\_\_\_

- **Make checks payable to Alabama Society of Allergy, Asthma and Immunology (ASAAI)**
- **Mail payment along with this statement to: ASAAI | PO Box 1900 | Montgomery, AL 36102-1900**
- **Save the date for our annual conference, Aug. 2-4, 2024, at the Perdido Beach Resort in Orange Beach. Registration is free for members!**

Credit Card:  VISA     MasterCard     American Express

Cardholder Name: \_\_\_\_\_ E-mail address for receipt: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

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Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**THANK YOU FOR YOUR MEMBERSHIP!**  
[www.allergysociety.org](http://www.allergysociety.org)