



Alabama Society of
Allergy, Asthma and
Immunology

2025 STATEMENT

ONE STATEMENT PER MEMBER, PLEASE. Download additional forms at www.allergysociety.org.
Or, pay dues online at www.tinyurl.com/ASAAI2025Membership.

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

- Active Member (MD, DO) – \$150
 First Year in Practice – \$50
 Second Year in Practice – \$50
 Resident/Fellow – Free
 Medical Student – Free
 Affiliate Member (non-physician) – \$150
- Late fee if paid after Feb. 20 - \$50
- 2025 Annual Conference Registration (August 1-3, 2025 at the Lodge at Gulf State Park in Gulf Shores). Registration is free for members.

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**

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.allergysociety.org