AMERICAN ACADEMY OF NEUROLOGY

APPLICATION FOR REDUCED DUES

The reduced dues program is available to all members who are facing severe financial hardship due to unemployment, low income or other extenuating circumstances. The reduced rate is $150.00. You may include payment with your request. There is a three-year limit on the reduced dues program for physicians in the United States.

If the request for reduced dues is approved, the rate is for one year only. If financial conditions continue to require the reduced rate, a new request must be made each year. Requests may be reviewed by the Membership Committee. Financial information is kept confidential.

Member ID# _____

Name _____

Address _____

_____

_____

Email _____

Please give detailed information on why reduced dues are needed. (Please, be specific.)

_____

_____

_____

_____

_____

Annual gross income (in US dollars)_____

Signature_____**Date**_____

__Check/money order, payable to the American Academy of Neurology Professional Associatin (US funds only) enclosed

__American Express __Visa __MasterCard $_____

Card Number __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiration Date ____/____
Mo. /Yr.

Print name as it appears on card: _____

I authorize the AAN to charge the appropriate fee to my credit card.

Signature: _____

Return to: AAN Member Services - 1080 Montreal Avenue, St. Paul, Minnesota 55116-2325
(800) 879-1960 or (651) 695-1940 • FAX: (651) 361-4800 • memberservices@aan.com
www.aan.com