



CONTACT INFORMATION

Name: _____

Professional Designation: _____

Preferred Address (Home)

Preferred Address (Facility)

Street: _____

Facility Name: _____

City, State Zip: _____

Street: _____

Cell Phone: _____

City, State Zip: _____

I agree to receive text messages from NSA regarding membership and meeting updates. (For use by NSA's executive director and board only.)

Facility Phone: _____

Some computer systems' firewalls prevent our emails from reaching you. Please provide an email address you check regularly that is not associated with your facility.

E-mail 1: _____ Preferred

E-mail 2: _____ Preferred

SELECT A MEMBERSHIP CATEGORY

(Pay dues online at www.tinyurl.com/NSA2025Membership)

Active Member \$500 Fully Retired \$0 ANNS PAC Contribution \$250 (Optional)

Active Membership includes free meeting registration for NSA's 2025 Annual Conference, May 30-June 1, at Hotel Effie in Sandestin.

Check here to register

Enter the number attending Friday reception: Adults ____ Children ____

NSA shares attendee names, practice names and cities with companies who exhibit at our annual conference.

I agree to this information being shared with exhibitors.

I opt out of this information being shared with exhibitors.

N/A – I am not attending the conference.

- **Make checks payable to Neurosurgical Society of Alabama (NSA)**
- **Mail payment along with this statement to: NSA | PO Box 1900 | Montgomery, AL 36102**

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