



2017 Membership Application

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The American Autonomic Society has been established to bring together individuals from diverse disciplines who share an interest in the structure and function of the autonomic nervous system and in the pathology, treatment, and prevention of its disorders. The Society will sponsor annual meetings and provide a point of contact among the many interested clinical and basic scientists who wish to communicate across disciplinary lines. It is hoped that the Society can provide members with advice and support in identifying and obtaining research support.

- \$250 Regular Membership by January 15, 2017
- \$300 Regular Membership after January 15, 2017
- \$175 New Investigator Membership (0-5 years after training)
- \$175 Allied Health Membership
- \$50 Trainee Membership (attach verification of training status)
- Donation to David H. P. Streeten Memorial Fund \$_____**

Dues are for the **calendar** year and will entitle you to a subscription to *Clinical Autonomic Research*. In addition, registration fees for the Society's annual meeting will be greatly reduced for members. To join, please fill out the form below and return with payment to:

Ms. Amber Millen
 AAS Executive Director
 9500 Gilman Drive, BSB 5006, MC 0629
 La Jolla, CA 92093-0629
 Phone: 858-534-3865
 Fax: 858-534-1445
 E-mail: amber@americanautonomicsociety.org

Website: www.americanautonomicsociety.org

Check here if you would like your information listed in the "Physician Referral Listing" published on our website.

Name _____

Telephone _____

Address _____

Fax _____

E-Mail _____

Specialty _____

Current Position _____

Highest Academic Degree _____

Check enclosed # _____

Credit Card: Visa Mastercard

Card Number _____

Expiration Date (mo/yr) _____

Security Code
(on back of card) _____

Signature _____

Date _____

Name on credit card: _____

Billing address (must match address on card): _____

Areas of major interest relevant to the autonomic nervous system: _____