

AMERICAN AUTONOMIC SOCIETY

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. Anita Zeller
 AAS Executive Secretary
 18915 Inca Ave
 Lakeville, MN 55044
 Phone: 952-469-5837
 Fax: 952-469-8424
 E-mail: zeller.anita@mayo.edu

Web Site - www.americanautonomicsociety.org

[] Check here if you would like your information listed in the "Physician Referral Listing" published on our web site.

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 _____
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Name on credit card: _____
 Billing address (must match address on card): _____
 Areas of major interest relevant to the autonomic nervous system: _____