

INA

Iowa Neurological Association

2020 Membership Application and Dues Statement

Please check the box that best describes you...

- Active Membership -\$100.00
(I am an Iowa licensed physician in good standing with my state board of medical examiners.)
- Non-Active Membership-\$0.00
(I am a physician who is fully retired, or in a fellowship/residency training program)

NOTE: Non-Active members are not required to pay dues and will be charged the reduced member registration fee for the annual meeting.

Total Payment- \$ _____

Payment Type:

- Check (payable to INA)
- Credit Card: MasterCard Visa Discover

Credit Card Number _____

Billing Address _____

Expiration Date _____

Name of Card Holder (Printed) _____

Signature _____

Notice on Dues Deductibility:

Dues may be deducted as an ordinary and necessary business expense.

Information Verification:

Name: _____

Clinic: _____

Address, City, State, Zip: _____

Email: _____

Phone: _____

Return form to:

Iowa Neurological Association

515 E. Locust St Ste 400

Des Moines, IA 50309

Fax- (515) 223-0590

INA Use Only:

Check # _____

Date received _____