



Iowa Neurological Association

2025 Membership Application and Dues Statement

Name: _____ Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Membership Type

- 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)

Total Payment: \$ _____

Payment Type:

- Check (payable to Iowa Neurological Association)
- Credit Card: MasterCard Visa Discover AMEX

Credit Card Number _____

Expiration Date _____ Security Code (CVV) _____

Name of Card Holder (Printed) _____

Billing Address _____

Phone Number _____

Signature _____

Contact Grace Fleming with any questions or to receive an invoice at gfleming@iowamedical.org or 515-421-4773.

******* SAVE THE DATE FOR OUR ANNUAL MEETING ON OCTOBER 5, 2024! *******

Return form via mail to:
Iowa Neurological Association
515 E. Locust St. Ste 400
Des Moines, IA 50309

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|------------------------|
| Internal INA Use Only: |
| Check # _____ |
| Date received _____ |

Notice on Dues Deductibility:

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