



Easy-Pay Membership Dues Options

To enjoy the convenience of an automatic renewal plan that is right for you, follow the easy steps below.

Step 1: Give us your contact information.

Name: _____

Primary Shipping Address: _____

City: _____ State: _____

Phone: _____ Zip/Postal Code: _____

E-mail (required): _____

Step 2: Choose your automatic dues payment option.

Quarterly Automatic Payment Plan with Annual Auto-Renewal*

*If you belong to an AANN chapter, the full chapter dues for the year will be included in your first quarter payment

Please automatically charge my credit/debit card:

- ___ \$32.50 per quarter (\$130 annually) for active membership
- ___ \$25 per quarter (\$100 annually) for associate membership
- ___ \$21.25 per quarter (\$85 annually) for new to neuro membership

Annual Automatic Payment Plan

Please automatically charge my credit/debit card:

- ___ \$130 per year for active membership
- ___ \$100 per year for associate membership
- ___ \$85 per year for new to neuro membership

Card Type

- Visa
- MasterCard
- American Express
- Discover

Card Number: _____ Expiration: _____

Cardholder's Name (Please print.): _____ Signature: _____

Check if credit card billing address is same as shipping address

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Step 3: Agree to the terms.

By signing this form, you agree to renewing your AANN membership for professional purposes for an entire year and to charge your card as noted in your payment plan selection. AANN will continue to renew your membership using the selected payment schedule at the prevailing dues rate until you request otherwise. You are welcome to opt out annually by contacting AANN headquarters at info@AANN.org or 847.375.4733. (Please do not e-mail your credit card information.) You will be notified by e-mail 30 days prior to your next annual renewal that your card will be charged. Please note that no refunds can be made once the card is charged. If renewing your membership past your membership renewal date, you agree to allow AANN to collect past-due payments in order to keep your membership up to date for the year and keep your membership payments on schedule.

Signature: _____ Date: _____

Step 4: Send us this completed form.

Please fax or mail this completed form to:

AANN National Office | PO Box 3781 | Oak Brook, IL 60522

Fax 847.375.6430

Chapter

A list of chapters and their dues can be found at AANN.org/chapters.

I would like to join (name of chapter)

Chapter dues amount \$ _____