



Louisiana Neurosurgical Society

2017 MEMBERSHIP FORM:

Name: _____

Address: _____

Email: _____ Phone: _____

Hospital/Medical Affiliation: _____

Area(s) of Interest: _____

The annual membership dues for 2017 have been set at \$100.00. Cash or check only.

Make checks payable to Louisiana Neurosurgical Society.

Please send an envelope to the address listed below:

Department of Neurosurgery/LANS
1501 Kings Hwy
Shreveport, Louisiana