



Louisiana Neurosurgical Society

2019-20 MEMBERSHIP FORM:

Name: _____

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Hospital/Medical Affiliation: _____

Area(s) of Interest: _____

The annual membership dues for 2019-2020 have been set at \$100.00. The dues cover your membership between July 1 and June 30 of the following year. Once we receive your form, you will be sent a link to pay your dues online.

If you prefer, you may also pay by check. Please email: louisiananeurosurgicalsociety@gmail.com for the correct mailing address.