

SOUTHERN PEDIATRIC NEUROLOGY SOCIETY (SPNS)

Membership Application

Name: _____

Title: _____

Institution: _____

Work: Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax _____ Email _____

Annual membership dues of **\$150.00** are used to help cover the costs of the annual meeting held in New Orleans, Louisiana each March. No annual dues are required from speakers.

Make ***check payable to SPNS*** and mail with completed form to:

Southern Pediatric Neurology Society
c/o Tonya Balmakund, MD
519 Latham Drive
Lowell, AR 72745

For questions, please email: southernpedneuro@hotmail.com