



2024 Membership Dues
Tennessee Society of Allergy, Asthma & Immunology

Name:			
First	M.I.	Last	MD; NP; PA; Other
Practice Name:			
Business or Home Address:			
City:	State:	Zip Code:	
E-mail address:			

GOOD
<ul style="list-style-type: none"> • Membership for 2024 • Discount for the TSAAI 2024 Annual Meeting • Pay anytime <p align="center" style="font-size: 1.2em; color: #008000;">\$125</p>

BETTER
<ul style="list-style-type: none"> • Membership for 2024 • Discount for the TSAAI 2024 Annual Meeting • <i>Payment due by Feb. 28</i> <p align="center" style="font-size: 1.2em; color: #008000;">\$100</p>

BEST
<ul style="list-style-type: none"> • Membership for 2024 • Discount for the TSAAI 2024 Annual Meeting • A subscription to <i>Allergy and Asthma Proceedings</i> journal* • <i>Payment due by February 12</i> <p align="center" style="font-size: 1.2em; color: #008000;">\$100</p>

Amount Enclosed:

**If you submit payment by February 12, please circle how you prefer your AA Proceedings:*

snail mail

email

<p style="color: red;">Please note: We cannot accept credit cards</p> <p><u>Make check payable to:</u></p> <p>Tennessee Society of Allergy, Asthma & Immunology (or TSAAI)</p> <p>6701 Baum Drive, Suite 140 Knoxville, Tennessee 37919 Attention: Michelle Kittle, Event Coordinator</p>

Please complete all spaces and mail this invoice along with your check.
 Keep a copy for your proof of payment.

For Office Use Only
Date Recd: _____
Ck# _____
Ck Amt: _____
Group: _____