American Autonomic Society

The American Autonomic Society has been established to bring together individuals from diverse disciplines who share an interest in the structure and function of the autonomic nervous system and in the pathology, treatment, and prevention of its disorders. The Society will sponsor annual meetings and provide a point of contact among the many interested clinical and basic scientists who wish to communicate across disciplinary lines. It is hoped that the Society can provide members with advice and support in identifying and obtaining research support.

___ Regular Membership $200
___ Trainee Membership $100 (attach verification of training status)

Dues are for the calendar year and will entitle you to a subscription to Clinical Autonomic Research. In addition, registration fees for the Society's annual meeting will be greatly reduced for members. To join, please fill out the form below and return with payment to:

Ms. Anita Zeller
AAS Executive Secretary
18915 Inca Ave
Lakeville, MN 55044
Phone: 952-469-5837
Fax: 952-469-8424
E-mail: zeller.anita@mayo.edu

Please note that the membership list will be available on the AAS web site unless you contact us indicating otherwise
Web Site - www.americanautonomicsociety.org

Name ________________________________ Telephone ________________________________
Address ______________________________ Fax ________________________________
____________________________ Fax ________________________________
____________________________ Fax ________________________________
____________________________ Fax ________________________________
____________________________ E-Mail ________________________________
____________________________ Specialty ________________________________
____________________________ Current Position ________________________________

Highest Academic Degree ________________________________

☐ Check enclosed #________
Credit Card: ___ Visa ___ Mastercard ___ American Express

____________________________ ________________________________
Card Number Expiration Date (mo/yr) Signature Date

Areas of major interest relevant to the autonomic nervous system:

_________________________________________________________________________________________________

If you would like to contribute to the Streeten Memorial Fund, please indicate amount of enclosed donation or amount of donation to be charged to your credit card $_______