



## American Clinical **MEG** Society (ACMEGS)

555 E. Wells Street, Suite 1100, Milwaukee, WI 53202

Phone: 414-918-9804; Fax: 414-276-3349

### Individual Membership Form

- Full Member: Clinicians (M.D.s, Ph.D.s), \$100 per year.
- Associate Member: Technicians and Students, \$50 per year.

#### Contact Information

Name: \_\_\_\_\_

Position: (i.e. Technologist or Director of MEG Lab) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you affiliated with a MEG Center?

- Yes
- No

If yes, what is the name of the Center?

\_\_\_\_\_

**Please pay by credit card below or include a check payable to ACMEGS.**

Visa  Mastercard Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_