



**2026 Membership Dues**  
**Tennessee Society of Allergy, Asthma & Immunology**

<b>Name:</b>		
First	M. Last	MD; DO; NP; PA
Practice Name:		
Business or Home Address:		
City:	State:	Zip Code:
E-mail address:		

<b>MEMBERSHIP</b>
<p>Membership for 2026</p> <p style="font-size: 24px; color: #008000; font-weight: bold; margin-top: 20px;">\$100</p>

<b>***NEW***</b>
<p style="color: #ff0000; font-weight: bold; margin-top: 0;">Renew by March 13, 2026 to receive:</p> <ul style="list-style-type: none"> <li>FREE Registration for the TSAAI 2026 Annual Meeting</li> <li>Members-only hotel discounted rate</li> </ul>

<p><u>Make check payable to:</u></p> <p><b>Tennessee Society of Allergy, Asthma &amp; Immunology (or TSAAI)</b></p> <p>6701 Baum Drive, Suite 140          Knoxville, Tennessee 37919          Attention: Michelle Kittle, Event Coordinator</p>
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Please complete all spaces and mail this invoice along with your check. Keep a copy for your proof of payment.

<b>For Office Use Only</b>
Date Recd: _____ Ck# _____ Ck Amt: _____ Group: _____