**Dues Statement for 2024**

**Kentucky Allergy Society**

I hope you are having a great 2024. It is time again for the Kentucky Allergy Society organizational dues. This form is also available on the Kentucky Allergy Society website at: [www.kyallergy.com](http://www.kyallergy.com).

Please enter your name, phone and email address on the form and mail/email the form back. Thanks! If we have your accurate contact information we can see that you get meeting notices, other important information, and your journals.

Name:

Address:

Phone:

Email:

Please check one of the statements below

(or delete those non-applicable if completed electronically):

* **Enclosed is my check for $80** **($55 for physician extenders)** to cover my subscription to the *Allergy and Asthma Proceedings* ($30, normally $199 per year),as well as my dues to the Kentucky Allergy Society ($50, $25 for physician extenders)
* I am not interested in receiving the *Proceedings,* but do plan on continuing as a member of the Kentucky Allergy Society and have **enclosed my dues check for $50 ($25 for physician extenders)**
* I am retired from the practice of medicine and, as an emeritus member of the society, realize I can remain a member of the society **without paying dues** or receiving the *Allergy and Asthma Proceedings*

Prior to January 1, 2025, please send your completed form and your check for dues (if applicable) payable to the Kentucky Allergy Society with the completed form to:

Kentucky Allergy Society

c/o Natalie Miller, MD

306 Coralberry Rd

Louisville, KY 40207

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