



ALA-CRNA PAC
THE VOICE OF CERTIFIED REGISTERED NURSE ANESTHETISTS IN ALABAMA

ALA-CRNA PAC Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email: _____

Employer: _____

I have a personal/professional relationship with the following legislator: _____

- Platinum - More than \$360: Deduct \$30.00 per month from my credit card.
- Gold - \$200-\$359: Deduct \$____ per month from my credit card.
- Silver - \$50-\$199: Deduct \$____ per month from my credit card.
- Bronze \$25 - \$49: (specify monthly credit card contribution) _____
- Single Contribution of _____ via check or credit card.

Name exactly as it appears on the card: _____

Account Number: _____

Master Card Visa AMEX Discover

Expiration Date: _____ Billing Zip Code: _____ Security Code: _____

Signature: _____

I authorize the ALA-CRNA PAC to withdraw the above indicated amount from my account. I understand that these contributions are not tax deductible and I may withdraw my participation at any time.

Mail enrollment form to:
Susan Hansen
4120 Wall Street
Montgomery, Alabama 36106
Questions??? 334.244.2187