

Membership Application

Name

Degrees and credentials

Title

Facility

Office address

City/State/ZIP

Phone (office)

Fax (office)

Home address

City/State/ZIP

Phone (home)

E-mail (required)

Send APS printed mail to office home

Professional Discipline *(Check one.)*

Basic Science

- Neurophysiology (BSN)
 Behavioral (BSB)
 Systems (BSS)
 Other (BSO) Specify _____

Behavioral Science (BSC)

Biomedical Engineering (BE)

Business/Industry (BUS)

Chiropractic (CHI)

Dentistry (DEN)

Health Policy (HP)

Nursing (NSG)

Medicine

- Anesthesiology (ANS)
 Emergency Medicine (EM)
 Family Practice (FP)
 Gynecology (GYN)
 Internal Medicine (IM)
 Neurology (NEU)

Neurosurgery (NS)

Oncology (ON)

Oral/Facial Surgery (OS)

Orthopedic Surgery (ORS)

Pediatrics (PED)

Physical Medicine &
Rehabilitation (PMR)

Psychiatry (PSY)

Rheumatology (RHE)

Surgery (SUR)

Urology (URO)

Occupational Therapy (OT)

Pharmacy (PHA)

Physical Therapy (PT)

Psychology (PSL)

Social Work (SW)

Other (OTH) Specify _____

Specialization by Work Function *(Check all that apply.)*

Administration

Clinician

Consulting

Clinical Research

Education

Basic Research

Other *(specify)* _____

Special Interest Groups (For no additional charge, please check the SIG[s] you are interested in joining.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Advancing the Science of Quality | <input type="checkbox"/> Geriatric Pain | <input type="checkbox"/> Pain in Infants, Children, and Adolescents |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Measurement of Pain and Its Impact | <input type="checkbox"/> Pain Rehabilitation |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Nursing Issues | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Pain and Disparities | <input type="checkbox"/> Pharmacotherapy |
| <input type="checkbox"/> Genetics and Pain | <input type="checkbox"/> Pain Education | <input type="checkbox"/> Psychosocial Research |

Membership Category and Dues (Check one.)

Please indicate your membership type and include payment with your application.

Category	Dues	Category	Dues
Regular member with annual income of		<input type="checkbox"/> Individual Affiliate Member.....	\$150
<input type="checkbox"/> More than \$175,000.....	\$325	<input type="checkbox"/> Student/Trainee Member*.....	\$50
<input type="checkbox"/> \$125,000–\$174,999.....	\$275		
<input type="checkbox"/> \$75,000–\$124,999.....	\$190		
<input type="checkbox"/> Less than \$74,999.....	\$120		

*Individuals employed full time in training phases in the health and related sciences may apply for student/trainee membership with the signature of their program director.

Optional Choices

Gender: Male Female

Signature _____

Form of Payment (in U.S. funds only)

- Check (payable to American Pain Society)
- MasterCard VISA American Express Discover

Acct. # _____

Exp. date _____

Signature _____

Mail completed application and payment to American Pain Society, PO Box 3781, Oak Brook, IL 60522.

If using a credit card, you may fax your application to 866.574.2654. Membership dues are not deductible as a charitable contribution. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

Together, we're
transforming research
into relief.

