

Midwest Pain Society **Membership Application**

Members receive the semi-annual MPS Newsletter and discounted conference fees at the annual MPS meeting.

Please print this form, complete the information, and send with a check, via U.S. Postal Service to MPS or FAX to MPS at 1-888-809-6849. We accept Visa, MasterCard and American Express.

Name	
Title	
Discipline	
Address	
City, State, Zip Code	
Phone	
E-mail	
Present Clinical Affiliation:	
Credit Card #	
Expiration Date	Circle one: VISA MC AE
Signature	

Type of Membership Desired

- Doctoral (\$50)**
 Other Health Professional (\$30)
 Resident/Student (\$10)

IF PAYING BY CHECK:

Send via U.S. Postal Service to:
Midwest Pain Society
4700 W. Lake Avenue
Glenview, IL 60025-1485

Who recruited you to join the MPS? _____