



WESTERN PAIN SOCIETY

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A Regional Affiliate of the American Pain Society

MEMBERSHIP APPLICATION

65 W-1 Division Ave., #237

Eugene, OR 97404

Tel: 541-345-7300 • Fax: 541-345-7301 • Email: admin@painsociety.com

Website: www.ampainsoc.org/societies/wps/

Last Name: _____ First Name: _____ MI: ___ MD DO PhD Nurse Other

Preferred Mailing Address (Home Office): _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____ E-mail _____

Academic Degrees & Other Professional Certifications with Dates: _____

Professional Discipline (i.e. Anesthesiology, Internal Medicine, Nursing, Clinical Psychology, etc.) _____

Hospital Affiliation (if any): _____

University Affiliation (if any): _____

Are you a member of: American Pain Society (APS)

Membership Type:

Western Pain Society Member \$75 Please send me information about joining the APS

Student Member¹ \$25

¹With letter verifying student status. Graduation date: _____

Payment – Make checks (US currency) payable to: **Western Pain Society**

Credit Card Payment: VISA MasterCard

Card #: _____ **Exp Date:** _____

Name on Card: _____ **Signature:** _____

Mail application/Checks to: Western Pain Society, 65 W-1 Division Ave., #237, Eugene, OR 97404