



IASP International Association for the Study of Pain

Application for Membership

For best results turn on your insert/overstrike key if you are entering information into this document

Prefix: Dr. _____ Professor _____ Mr. _____ Mrs. _____ Ms. _____ Other _____

First Name: _____ Middle Initial(s): _____ Last Name: _____ Suffix: _____

Gender: Male _____ Female _____

Address for Directory of Members (all correspondence will be directed to this address unless an alternate address* is specified below)

Primary Postal Address: _____

Suite/Room: _____ P.O. Box: _____ Mail Stop Code: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email Address: _____ Web Address: _____

*Non-published address:

Alternate Postal Address: _____

Suite/Room: _____ P.O. Box: _____ Mail Stop Code: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email Address: _____ Web Address: _____

I would like the journal **PAIN** delivered to my primary address and other correspondence sent to the alternate address

I would like the journal **PAIN** and all correspondence sent to my alternate address

I would like the journal **PAIN** delivered to my alternate address and other correspondence sent to the primary address

I do not want to be included in the Directory of Members

ACADEMIC/PROFESSIONAL DEGREE(S): _____

PRESENT AFFILIATION: (Complete any or all of the below)

CLINIC: _____

UNIVERSITY: _____

PRIVATE BUSINESS: _____

TITLE : (optional) _____

CLINICAL AND/OR RESEARCH SPECIALTY: _____

SUBSPECIALTY: _____

Are you a member of the IASP Chapter in your country? Yes _____ No _____

IASP Dues Payment Form

Name (type or print): _____

TYPE OF MEMBERSHIP: _____ Regular _____ Trainee* _____ Contributing

*Trainee member applicants must submit a statement giving duration of training period. You may use the attached form, or you may draft your own letter/statement. A supervisors' signature is not required.

Regular Member

Online access & print copy of PAIN:

Income > US\$100,000	US\$200.00
Income between US\$40,000 - 100,000	US\$160.00
Income < US\$40,000	US\$130.00
Online access only to PAIN:	
Income < US\$40,000	US\$40.00

Trainee Member

Online access & print copy of PAIN: US\$130.00 _____
Online access only to PAIN: US\$ 40.00 _____

Contributing Member

US\$1,000.00
ALL AMOUNTS IN US\$

Special Interest Groups:

<input type="checkbox"/> Pain in Childhood	(US\$20.00) _____
<input type="checkbox"/> Clinical/Legal Issues in Pain	(US\$20.00) _____
<input type="checkbox"/> Sympathetic Nervous System	(US\$20.00) _____
<input type="checkbox"/> Placebo	(US\$20.00) _____
<input type="checkbox"/> Systematic Reviews in Pain	(US\$20.00) _____
<input type="checkbox"/> Sex, Gender, and Pain	(US\$20.00) _____
<input type="checkbox"/> Urogenital Pain	(US\$20.00) _____
<input type="checkbox"/> Neuropathic Pain	(US\$20.00) _____
<input type="checkbox"/> Orofacial Pain	(US\$20.00) _____
<input type="checkbox"/> Pain and Movement	(US\$20.00) _____
<input type="checkbox"/> Torture, Organized Violence, War	(US\$20.00) _____
<input type="checkbox"/> Acute Pain	(US\$20.00) _____
<input type="checkbox"/> Pain in Older Persons	(US\$20.00) _____
<input type="checkbox"/> Pain in Non-Human Species	(US\$20.00) _____

Methods of Payment:

Personal Check (US and Canadian banks); Travelers Checks; Money Order (US or international); Bank Draft (bank fees prepaid); UNESCO Coupons; Western Union c/o Susan Couch

Wire Transfer (all bank and transfer fees paid by applicant) to:

Bank of America
Account Number: 29408 804
Routing Number: 0260-0959-3

Credit Card: Visa MasterCard or American Express (circle one)

Card No: _____ / _____ / _____ / _____

Expiration Date: _____ (required)

Signature: _____

Via the post, send all forms and payments to:

IASP Secretariat
111 Queen Anne Ave. N., Suite 501
Seattle, WA 98109-4955 USA
Tel: 206-283-0311 Fax: 206-283-9403
Email: iaspdesk@iasp-pain.org

Upon receipt by the Secretariat, applications will be submitted to the Committee on Membership for review and final approval. Dues payment must accompany application. Signature of the applicant in the space provided below also acknowledges acceptance of the following proxy requirement (IASP Bylaws, Section 2.1)... "Each person applying for membership in the Association shall, as a condition of membership, sign an irrevocable proxy form constituting the Council as its proxy for annual meetings of the Association to be held in the interim between triennial World Congresses."

Signature of Applicant

Date