

INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN MEMBERSHIP APPLICATION

TO JOIN IASP, PLEASE COMPLETE THIS FORM AND RETURN IT TO US IN ONE OF THE FOLLOWING WAYS:

- **Mail:** IASP, 1510 H Street N.W., Suite 600, Washington D.C. 20005, USA
- **Fax:** +1 202-856-7401
- **Email:** members@iasp-pain.org

Dr. Professor Mr. Mrs. Ms. Other: Male Female Full Name Member ID#

Name of Employer/ Company Address

City, State Country Postal Code Email:

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

Academic/Professional Degree(s) Referred by

Affiliation (check one): Pharmaceutical Hospital/Clinic Academic Institution Private Business

Occupation (check one): Administrator Clinician Basic Researcher Educator Clinical Researcher

Discipline/Specialty (select only one):

Anesthesiology	Neuroscience/Pharmacology/Physiology	Palliative Medicine
Complementary & Alternative Medicine	Neurosurgery/Surgery	Pediatrics
Dentistry/Oral Medicine	Nursing	Physical Medicine and Rehabilitation
Family Medical/Primary Care	Obstetrics/Gynecology	Psychiatry
Health Care/Research Administration	Oncology	Psychology/Social Science
Internal Medicine	Orthopedics/Rheumatology	Other:
Neurology	Pain Medicine	

MEMBERSHIP DUES LEVELS

Your Income Level	Choose how to receive <i>PAIN</i> journal (12 issues annually) and <i>Pain: Clinical Updates</i> newsletter (6 issues annually)	One-Year Membership	Two-Year Membership (10% off)
More than US\$100,000	Online access Print versions (no additional cost)	US\$230	US\$414
US\$40,000-US\$100,000	Online access Print versions (no additional cost)	US\$180	US\$324
Less than US\$40,000	Online access Print versions (no additional cost)	US\$140	US\$252
Less than US\$40,000	Online access only	US\$50	US\$90
Affiliate Membership (Corporations and Pharmaceutical Companies)	Online access Print versions (no additional cost)	US\$1,500	N/A

SPECIAL INTEREST GROUPS (SIGs)

Check the Special Interest Group you wish to join. Each SIG has a separate fee of US\$20. *If you are applying for a two-year membership, your SIGs dues are for two years as well--US\$ 40 per SIG.* For more information about SIGs visit www.iasp-pain.org/SIGS.

Abdominal and Pelvic Pain	Musculoskeletal Pain	Pain and Placebo	Systematic Reviews in Pain
Acute Pain	Neuromodulation	Pain in Older Persons	Relief
Cancer Pain	Neuropathic Pain	Pain Related to Torture,	
Clinical/Legal Issues in Pain	Orofacial Pain	Organized Violence, and War	
Clinical Trials	Pain, Mind, and Movement	Pain in Childhood	
Complex Regional Pain Syndrome	Pain and Pain Mgmt. in Non-	Pain Education	
Genetics and Pain	Human Species	Sex, Gender, and Pain	

INDICATE MEMBERSHIP FEE:

SIG FEE:

TOTAL MEMBERSHIP + SIG FEES:

PAYMENT INFORMATION

IASP accepts the follow payment methods:

Personal Check (US and Canadian banks) Travelers Check or Money Order (US or International) Bank Draft (Bank fees prepaid)	Wire Transfer to: Bank of America Account Number: 29408804 Routing Number: 026009593 SWIFT Code: BOFAUS3NXXX PLEASE INCLUDE MEMBERSHIP ID# OR NAME	Credit Card: (check one) Visa MasterCard American Express Card No: Exp. Date:
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Signature (Please read proxy statement below before signing)

Date

Proxy Statement: Your dues payment must accompany your application. In signing and submitting this application, you acknowledge and accept the following proxy requirement as described in Section 3.06 of the IASP Bylaws: *Each Regular Member shall, as a condition of membership, sign an irrevocable proxy form empowering the Council to be his or her proxy for general membership meetings of the association held when there is not a World Congress and for purposes of amending the Bylaws pursuant to article XIII.*