IASP® Dues Payment Form

Name (type or print): ______________________________________________________________________________________

Regular Member
Print and online access to the journal PAIN is a benefit of regular membership.

Please choose the appropriate membership dues amount based on your annual income:

<table>
<thead>
<tr>
<th>Income</th>
<th>Dues Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ &gt;US$100,000</td>
<td>US$230.00</td>
</tr>
<tr>
<td>___ US$40,000 – 100,000</td>
<td>US$180.00</td>
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___ Online Only of PAIN journal   ___ Online Only of Pain Clinical Updates

Regular Members with Annual Income Below US$40,000
Regular Members with annual income of less than US$40,000 may choose whether to receive the printed journal PAIN:

___ Annual income is less than US$40,000: print and online journal access. Dues amount: US$140.00

___ Annual income is less than US$40,000: online journal access only. Dues amount: US$50.00

Trainee Member
Applicants are eligible for trainee membership while in training. Applicants must submit the Verification of Trainee Status form (page 4 of this application) giving the type, place, and duration period of their training. The form must be signed by both the trainee and his/her supervisor.

___ I am currently in training, and I want print and online journal access. Dues amount: US$140.00

___ I am currently in training, and I want online journal access only. Dues amount: US$50.00

Affiliate Member
Affiliate Members receive print and online access to the journal PAIN.

___ Affiliate Member US$1,500.00 Please send your completed Application for Membership, dues payment, and Verification of Trainee Status form (if applicable) using one of the following methods:

Via the Post: IASP Secretariat 1510 H. Street N.W., Suite 600 Washington, DC 20005-1020 USA

Via Fax: +1 202-524-5301

Via Email: members@iasp-pain.org

Methods of Payment:
Personal Check (US and Canadian banks); Travelers Check; Money Order (US or international); Bank Draft (bank fees prepaid); Western Union c/o Serra Mammo

Wire Transfer (all bank and transfer fees paid by applicant) to:
Bank of America Account Number: 29408 804 Routing Number: 0260-0959-3 SWIFT Address: BOFAUS6S

Credit Card: (circle one)
Visa MasterCard American Express

Card No: ___________________________ Exp. Date: ____________________ (required)

Signature: ____________________________

Special Interest Groups (SIGs): SIG enrollment is separate from membership dues. The fee is US$20.00 for each SIG you wish to join. Information about each of our SIGs is available on the IASP website: www.iasp-pain.org/SIGS

All amounts in US$

Abdominal and Pelvic Pain US$20.00
Acute Pain US$20.00
Cancer Pain US$20.00
Clinical/Legal Issues in Pain US$20.00
Clinical Trials US$20.00
Complex Regional Pain Syndrome US$20.00
Genetics and Pain US$20.00
Musculoskeletal Pain US$20.00
Neurromodulation US$20.00
Neuropathic Pain US$20.00
Orofacial Pain US$20.00
Pain and Movement US$20.00
Pain & Pain Mgmt in Non-Human Species US$20.00
Pain Education US$20.00
Pain in Childhood US$20.00
Pain in Older Persons US$20.00
Pain Related to Torture, Organized Violence, and War US$20.00
Pain and Placebo US$20.00
Sex, Gender, and Pain US$20.00
Systematic Reviews in Pain Relief US$20.00
SIG Dues: US$_________
Membership Dues: US$_________
Total Funds Submitted: US$_________

Questions? Need help?
If you have questions about completing and submitting the Application for Membership, including this Dues Payment Form, please call the IASP Office at +1 202-524-5300, extension 109.

For more information about IASP, visit our website: www.iasp-pain.org