



International Association for the Study of Pain
MEMBERSHIP APPLICATION

New Member Renewing Member
 Membership ID _____

1. Personal Information

Prefix	First Name	Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Email	
Phone Number (include country code)			
Employer/Company			
Address		Address 2	
City	State	Country	Postal Code
Academic/Professional Degree(s)		Referred by	
Are you a Local Chapter Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation (check one)	<input type="checkbox"/> Administrator <input type="checkbox"/> Basic Researcher <input type="checkbox"/> Clinician <input type="checkbox"/> Clinical Researcher <input type="checkbox"/> Educator
Affiliation (check one)	<input type="checkbox"/> Academic Institution <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Private Business		
Discipline/Specialty (check one)	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Oncology <input type="checkbox"/> Complimentary & Alternative Medicines <input type="checkbox"/> Orthopedics/Rheumatology <input type="checkbox"/> Dentistry/Oral Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Family Medical/Primary Care <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Health Care/Research Administration <input type="checkbox"/> Pediatrics <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Physical Medicine and Rehabilitation <input type="checkbox"/> Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Neuroscience/Pharmacology/Physiology <input type="checkbox"/> Psychology/Social Science <input type="checkbox"/> Neurosurgery/Surgery <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Nursing <input type="checkbox"/> Other		

2. Membership Dues

Membership Category	Income Level	One Year Membership	Two Year Membership
Regular Members	Less Than \$20,000	<input type="checkbox"/> US\$25	<input type="checkbox"/> US\$22.50
	\$20,001 - \$40,000	<input type="checkbox"/> US\$70	<input type="checkbox"/> US\$63
	\$40,001 - \$100,000	<input type="checkbox"/> US\$200	<input type="checkbox"/> US\$180
	\$100,001 - \$200,000	<input type="checkbox"/> US\$250	<input type="checkbox"/> US\$225
	More Than 200,000	<input type="checkbox"/> US\$300	<input type="checkbox"/> US\$270
Trainee and Retiree Members <i>Trainees must fill out an additional Trainee Form</i>	Less Than \$20,000	<input type="checkbox"/> US\$25	<input type="checkbox"/> US\$22.50
	More Than \$20,001	<input type="checkbox"/> US\$70	<input type="checkbox"/> US\$63

Add a Print Subscription to IASP's PAIN Journal US\$100
All Members Receive Online Access

3. Special Interest Groups (SIGs)

SIG enrollment is separate from membership dues. **SIG membership fee: US\$20 per year per SIG.**

For more information about SIGs, visit www.iasp-pain.org/SIGS

Check the SIG(s) you wish to join:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal Pelvic Pain | <input type="checkbox"/> Non-Human Pain |
| <input type="checkbox"/> Acute Pain | <input type="checkbox"/> Orofacial and Head Pain |
| <input type="checkbox"/> Cancer Pain | <input type="checkbox"/> Pain Education |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Pain in Childhood |
| <input type="checkbox"/> Complex Regional Pain Syndrome (CRPS) | <input type="checkbox"/> Pain and Placebo |
| <input type="checkbox"/> Ethical and Legal Issues in Pain | <input type="checkbox"/> Pain Registries |
| <input type="checkbox"/> Genetics and Pain | <input type="checkbox"/> Pain in Older Persons |
| <input type="checkbox"/> Intellectual and Developmental | <input type="checkbox"/> Pain, Mind and Movement |
| <input type="checkbox"/> Itch SIG | <input type="checkbox"/> Pain and Trauma |
| <input type="checkbox"/> Musculoskeletal Pain | <input type="checkbox"/> Sex, Gender and Pain |
| <input type="checkbox"/> Neuromodulation | <input type="checkbox"/> Social Aspects of Pain |
| <input type="checkbox"/> Neuropathic Pain (NeuPSIG) | <input type="checkbox"/> Systematic Reviews in Pain Relief |

4. Calculate Dues

IASP membership runs from payment date to the end of the previous month (e.g., If you pay on 01 April 2019, your membership will expire on 31 March 2020). Membership renewals are due on or three months before the expiration date.

Calculate Your Dues:

\$ _____	Selected membership rate (Section 2)
+	
\$ _____	Calculated SIG fee (Section 3)
=	
\$ _____	Total Amount Due

5. Payment Information (*Dues Must Accompany Your Application*)

Wire Transfer to:

Wells Fargo
Wells Fargo Bank N.A
420 Montgomery San Francisco, CA 94104

Account Number: 8417827782

Routing Number: 121000248

SWIFT Code: WFBIUS6SXXX

CHIPS Participant: ABA 0407

Please include membership ID or Name

Check Your Method of Payment:

- Personal Check (US and Canadian Banks)
- Travelers Check or Money Order (US or International)
- Bank Draft (Bank fees prepaid)
- Credit Card (Visa, MasterCard, American Express, Discover)

Credit Card Information:

- Visa MasterCard American Express Discover

Card No.

Exp. Date

CVC

6. Signature

In signing and submitting this application, I hereby acknowledge and accept the proxy requirement 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.*

Signature

Date (mm/dd/yyyy)