

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:

Income	Dues Amount
___ >US\$100,000	US\$230.00
___ US\$40,000 – 100,000	US\$180.00
~~~~~	
___ 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*. **Dues Amount**

___ 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:**

+1 202-856-7401

**Via Email:**

members@iasp-pain.org

**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 +1 202-856-7400.

For more information about IASP, visit our website:

[www.iasp-pain.org](http://www.iasp-pain.org)

**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](http://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 ___
Neuromodulation	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 Intellectual and Developmental Disabilities	
Pain in Older Persons	US\$20.00 ___
Pain and Trauma	US\$20.00 ___
Pain and Placebo	US\$20.00 ___
Sex, Gender, and Pain	US\$20.00 ___
Methodology, Evidence Synthesis, and Implementation	US\$20.00 ___

**SIG Dues:** US\$ _____

**Membership Dues:** US\$ _____

**Total Funds Submitted:** US\$ _____

**Methods of Payment:**

**Personal Check** (US and Canadian banks); **Travelers Check**; **Money Order** (US or international); **Bank Draft** (bank fees pre-paid); **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: _____

