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>
</tr>
</tbody>
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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 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

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 ___
Neurorodulation 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 US$20.00 ___
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$ __________

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

CELEBRATING 1974–2024