



# 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 <input type="checkbox"/> Administrator <input type="checkbox"/> Basic Researcher <input type="checkbox"/> Clinician (check one) <input type="checkbox"/> Clinical Researcher <input type="checkbox"/> Educator		

Affiliation (check one)     Academic Institution     Hospital/Clinic     Pharmaceutical     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
<b>Regular Members</b>	Less Than \$20,000	<input type="checkbox"/> US\$25	<input type="checkbox"/> US\$45
	\$20,001 - \$40,000	<input type="checkbox"/> US\$70	<input type="checkbox"/> US\$126
	\$40,001 - \$100,000	<input type="checkbox"/> US\$200	<input type="checkbox"/> US\$360
	\$100,001 - \$200,000	<input type="checkbox"/> US\$250	<input type="checkbox"/> US\$450
	More Than 200,000	<input type="checkbox"/> US\$300	<input type="checkbox"/> US\$540
<b>Trainee and Retiree Members</b> <i>Trainees must fill out an additional Trainee Form</i>	Less Than \$20,000	<input type="checkbox"/> US\$25	<input type="checkbox"/> US\$45
	More Than \$20,001	<input type="checkbox"/> US\$70	<input type="checkbox"/> US\$126

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

**Check the SIG(s) you wish to join:**

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

### 4. Calculate Dues

IASP membership runs from payment date to the end of the previous month (e.g., If you pay on 01 April 2024, your membership will expire on 31 March 2025). 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)

#### **REQUIRED FOR WIRE TRANSFER**

**To activate your membership, if you are paying by wire transfer, it is required that you email the transfer receipt to [members@iasp-pain.org](mailto:members@iasp-pain.org).**

#### 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)