



IASP International Association for the Study of Pain

Application for Membership

For best results turn on your insert/overstrike key if you are entering information into this document

Prefix: Dr. ___ Professor ___ Mr. ___ Mrs. ___ Ms. ___ Other ___

First Name: _____ Middle Initial(s): _____ Last Name: _____ Suffix: _____

Gender: Male ___ Female ___

Address for Directory of Members (all correspondence will be directed to this address unless an alternate address* is specified below)

Primary Postal Address: _____

Suite/Room: _____ P.O. Box: _____ Mail Stop Code: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email Address: _____ Web Address: _____

*Non-published address:

Alternate Postal Address: _____

Suite/Room: _____ P.O. Box: _____ Mail Stop Code: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email Address: _____ Web Address: _____

I would like the journal **PAIN** delivered to my primary address and other correspondence sent to the alternate address

I would like the journal **PAIN** and all correspondence sent to my alternate address

I would like the journal **PAIN** delivered to my alternate address and other correspondence sent to the primary address

I do not want to be included in the Directory of Members

ACADEMIC/PROFESSIONAL DEGREE(S): _____

PRESENT AFFILIATION: (Complete any or all of the below)

CLINIC: _____

UNIVERSITY: _____

PRIVATE BUSINESS: _____

TITLE : (optional) _____

CLINICAL AND/OR RESEARCH SPECIALTY: _____

SUBSPECIALTY: _____

Are you a member of the IASP Chapter in your country? Yes ___ No ___

IASP Dues Payment Form

Name (type or print): _____

TYPE OF MEMBERSHIP: Regular Trainee* Contributing

***Trainee member applicants must submit a statement giving duration of training period. You may use the attached form , or you may draft your own letter/statement. A supervisors' signature is not required.**

Regular Member

Online access & print copy of PAIN:

Income > US\$100,000 US\$200.00 _____

Income between US\$40,000 - 100,000 US\$160.00 _____

Income < US\$40,000 US\$130.00 _____

Online access only to PAIN:

Income < US\$40,000 US\$40.00 _____

Trainee Member

Online access & print copy of **PAIN:** US\$130.00 _____

Online access only to **PAIN:** US\$ 40.00 _____

Contributing Member

US\$1,000.00 _____

ALL AMOUNTS IN US\$

Special Interest Groups:

Pain in Childhood (US\$20.00) _____

Clinical/Legal Issues in Pain (US\$20.00) _____

Sympathetic Nervous System (US\$20.00) _____

Placebo (US\$20.00) _____

Systematic Reviews in Pain (US\$20.00) _____

Sex, Gender, and Pain (US\$20.00) _____

Urogenital Pain (US\$20.00) _____

Neuropathic Pain (US\$20.00) _____

Orofacial Pain (US\$20.00) _____

Pain and Movement (US\$20.00) _____

Torture, Organized Violence, War (US\$20.00) _____

Acute Pain (US\$20.00) _____

Pain in Older Persons (US\$20.00) _____

Pain in Non-Human Species (US\$20.00) _____

TOTAL:

Methods of Payment:

Personal Check (US and Canadian banks); Travelers Checks; Money Order (US or international); Bank Draft (bank fees prepaid); UNESCO Coupons; Western Union c/o Susan Couch

Wire Transfer (all bank and transfer fees paid by applicant) to:

Bank of America

Account Number: 29408 804

Routing Number: 0260-0959-3

Credit Card: Visa MasterCard or American Express (circle one)

Card No: _____ / _____ / _____ / _____

Expiration Date: _____ (required)

Signature: _____

Via the post, send all forms and payments to:

IASP Secretariat

111 Queen Anne Ave. N., Suite 501

Seattle, WA 98109-4955 USA

Tel: 206-283-0311 Fax: 206-283-9403

Email: iaspdesk@iasp-pain.org

Upon receipt by the Secretariat, applications will be submitted to the Committee on Membership for review and final approval. Dues payment must accompany application. Signature of the applicant in the space provided below also acknowledges acceptance of the following proxy requirement (IASP Bylaws, Section 2.1.)... "Each person applying for membership in the Association shall, as a condition of membership, sign an irrevocable proxy form constituting the Council as its proxy for annual meetings of the Association to be held in the interim between triennial World Congresses."

Signature of Applicant

Date