



# 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	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"/> Complimentary & Alternative Medicines <input type="checkbox"/> Dentistry/Oral Medicine <input type="checkbox"/> Family Medical/Primary Care <input type="checkbox"/> Health Care/Research Administration <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Neuroscience/Pharmacology/Physiology <input type="checkbox"/> Neurosurgery/Surgery <input type="checkbox"/> Nursing	<input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics/Rheumatology <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Physical Medicine and Rehabilitation <input type="checkbox"/> Psychiatry <input type="checkbox"/> Psychology/Social Science <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other	

## 2. Membership Rate Information

Your Income Level	PAIN Journal Options (12 issues annually)	One-Year Membership	Two-Year Membership (10% off)
More than US\$100,000	<input type="checkbox"/> Print & Online <input type="checkbox"/> Online Only	<input type="checkbox"/> US\$230	<input type="checkbox"/> US\$414
US\$40,000 – US\$100,000	<input type="checkbox"/> Print & Online <input type="checkbox"/> Online Only	<input type="checkbox"/> US\$180	<input type="checkbox"/> US\$324
Less than US\$40,000	Print & Online	<input type="checkbox"/> US\$140	<input type="checkbox"/> US\$252
	Online Only	<input type="checkbox"/> US\$50	<input type="checkbox"/> US\$90
Trainee <i>*Trainees must fill out additional Trainee Form*</i>	Print & Online	<input type="checkbox"/> US\$140	<input type="checkbox"/> US\$252
	Online Only	<input type="checkbox"/> US\$50	<input type="checkbox"/> US\$90
Retiree	Print & Online	<input type="checkbox"/> US\$140	<input type="checkbox"/> US\$252
	Online Only	<input type="checkbox"/> US\$50	<input type="checkbox"/> US\$90

## 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"/> 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 Disabilities | <input type="checkbox"/> Pain Related to torture, Organized Violence, and War |
| <input type="checkbox"/> Itch SIG                                    | <input type="checkbox"/> Pain, Mind and Movement                              |
| <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. Fees**

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.

<b>Calculating your fees</b>	\$ _____	Selected membership rate (Section 2)
	+ \$ _____	Calculated SIG fee (Section 3)
	\$ _____	<b>Total Amount Due</b>

**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**

**IASP accepts the following payments (check one)**

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

**Credit Card (check one)**       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)