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>
</table>

Please indicate which form you wish to complete and submit (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

Trainee Member

Applicants are eligible for trainee membership while in training. Applicants must submit the Verification of Trainee Status form (if applicable) 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.

___ 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:
+1 202-524-5301

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___
Neurmodulation 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 Older Persons US$20.00___
Pain Related to Torture, Organized Violence, and War US$20.00___
Pain and Placebo US$20.00___
Sex, Gender, and Pain US$20.00___
Systematic Reviews in Pain Relief 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 +1 202-524-5300, extension 109.

For more information about IASP, visit our website: www.iasp-pain.org