



SOUTHERN PAIN SOCIETY

MEMBERSHIP APPLICATION

Established in 1986 as a region of The American Pain Society (APS) which is a chapter of the International Association for the Study of Pain (IASP)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Specialty: _____		
First Name	Middle or Initial	Last Name
Credentials: Check all that apply <input type="checkbox"/> RN <input type="checkbox"/> APN <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> DDS <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> Other: _____	Primary area of interest. Check all that apply: <input type="checkbox"/> Clinical <input type="checkbox"/> Student <input type="checkbox"/> Acute pain <input type="checkbox"/> Chronic pain <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Pediatric pain <input type="checkbox"/> Cancer pain <input type="checkbox"/> Basic Science <input type="checkbox"/> Research <input type="checkbox"/> Other: _____	
Address:		City/State/Zip
Phone: () ()	Email:	
Membership Status <input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Professional Doctoral Level (\$70/year) (health professional/scientist) <input type="checkbox"/> Professional Non-doctoral Level (\$60/year) (health professional/scientist) <input type="checkbox"/> Affiliate (\$60/year) (others, non voting) <input type="checkbox"/> Student (\$20/yr) (non voting, verification needed)	Committee Interest: Check all that apply <input type="checkbox"/> Membership <input type="checkbox"/> Program <input type="checkbox"/> Awards <input type="checkbox"/> Finance <input type="checkbox"/> Public Affairs <input type="checkbox"/> By Laws <input type="checkbox"/> Professional Education <input type="checkbox"/> Newsletter <input type="checkbox"/> Nominating <input type="checkbox"/> E communication <input type="checkbox"/> Districting

Membership Includes: <ul style="list-style-type: none"> • SPS Newsletter • Membership certificate • Membership Directory • Educational and Leadership Opportunities • Organizational and Legislative Support 	Make check payable to SPS and mail to: Southern Pain Society P.O. Box 5033 Cary, North Carolina 27512 Or charge the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # _____ Signature _____	Lori H. Postal, RNC, MHA Executive Director (919) 303-3100 (866) 368-2700 (fax) lpostal@southernpain society.org Exp Date: _____
MEMBERSHIP RUNS FROM JANUARY - DECEMBER		