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**OPT IN
TODAY!**



Choose to auto-renew your membership!

APS offers a convenient, auto-renewal payment option.

In response to requests for an easier dues renewal process, APS is offering members the ability to renew their annual membership automatically.

This system will save you time, safeguard your information, and eliminate interruptions to your member benefits.

How to Participate

When you submit your payment plan option form (on reverse) via fax or mail, APS will register you for an easy-pay renewal plan that automatically renews your membership each year using the credit card information you provide. As long as you remain eligible for membership, APS will

- renew your membership annually until you request otherwise
- charge the card that you indicate on the form annually
- contact you if your credit card has expired or if any difficulties are encountered during processing.

This new payment option currently requires manual sign-up, but a Web-based process is coming soon. We are excited about this new service and hope you take advantage of the convenience.

www.americanpainsociety.org



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Automatic Membership Renewal Form

To enjoy the convenience of an automatic renewal plan that is right for you, follow the easy steps below.

Step 1: Give us your contact information.

Name: _____

Preferred Address: _____

City: _____ State: _____

Phone: _____ Zip/Postal Code: _____

E-mail (required): _____

Step 2: Choose an option for auto-renew payment.

Select a dues category below to be automatically charged to your credit/debit card.

Category	Annual Dues	Category	Annual Dues
Regular member with annual income of (select one below)		<input type="checkbox"/> Undergraduate student member	\$75
<input type="checkbox"/> More than \$175,000	\$395	<input type="checkbox"/> Graduate student/professional member	\$75
<input type="checkbox"/> \$125,000–\$174,999	\$330	<input type="checkbox"/> Postdoctoral/resident/fellow member	\$115
<input type="checkbox"/> \$75,000–\$124,999	\$225	<input type="checkbox"/> International member	\$150
<input type="checkbox"/> Less than \$74,999	\$160		

Card Type

Card Number: _____ Expiration: _____

Cardholder's Name (Please print.): _____ Signature: _____

Step 3: Understand and agree to the terms.

Signature: _____ Date: _____

By signing this form, you agree to renew your APS membership for an entire year and to allow APS to charge your credit card as noted above. APS will continue to renew your membership each year at the prevailing dues rate until you request otherwise. You are welcome to opt out by contacting APS headquarters at info@americanpainsociety.org or 847.375.4715. (Please do not e-mail your credit card information.) You will be notified 30 days prior to your next annual renewal date by e-mail that your card will be charged. Please note that no refunds can be made once the card is charged.

Step 4: Send us this completed form.

Please fax or mail this completed form to:

APS | PO Box 3781 | Oak Brook, IL 60522

866.574.2654 FAX (U.S. or Canada); 732.460.7318 FAX (international)