WESTERN PAIN SOCIETY

A Regional Affiliate of the American Pain Society

MEMBERSHIP APPLICATION

65 W-1 Division Ave., #237
Eugene, OR 97404
Tel: 541-345-7300 • Fax: 541-345-7301 • Email: admin@painsociety.com
Website: www.ampainsoc.org/societies/wps/

Last Name: _____ **First Name:** _____ **MI:** ___ □ MD □ DO □ PhD □ Nurse □ Other

Preferred Mailing Address (□ Home □ Office): _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Fax:** _____ **E-mail** _____

Academic Degrees & Other Professional Certifications with Dates: _____

_____

Professional Discipline (i.e. Anesthesiology, Internal Medicine, Nursing, Clinical Psychology, etc.) _____

_____

Hospital Affiliation (if any): _____

University Affiliation (if any): _____

Are you a member of: □ American Pain Society (APS)

Membership Type:

□ Western Pain Society Member ……. $75 □ Please send me information about joining the APS

□ Student Member[1] …… $25

[1]With letter verifying student status. Graduation date: _____

Payment – Make checks (US currency) payable to: **Western Pain Society**

Credit Card Payment: □ VISA □ MasterCard

Card #: _____ **Exp Date:** _____

Name on Card: _____ **Signature:** _____

Mail application/Checks to: Western Pain Society, 65 W-1 Division Ave., #237, Eugene, OR 97404