



# SOCIETY FOR PEDIATRIC PAIN MEDICINE

2209 Dickens Road, Richmond, VA 23230

Phone: 804-282-9870 Fax: 804-282-0090 Email: sppm@societyhq.com Website: www.pedsainmedicine.org

- |                               |                                |                              |
|-------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> MD   | <input type="checkbox"/> DO    | <input type="checkbox"/> PhD |
| <input type="checkbox"/> CRNA | <input type="checkbox"/> Other |                              |

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Practice:  Private  University  Government  Other

Hospital Affiliation: \_\_\_\_\_

Academic Degrees & Other Professional Certifications With Dates: \_\_\_\_\_

ABA #: \_\_\_\_\_

## I Hereby Make Application For:

**ACTIVE SPPM-SPA MEMBERSHIP** ..... \$375

Physicians practicing in the US and Canada who have an interest in pediatric pain medicine, are eligible to be members of the American Society of Anesthesiologists (the "ASA"), AND are **active** members of the **Society for Pediatric Anesthesia (SPA)**.

**ACTIVE SPPM-SPA-CCAS MEMBERSHIP** ..... \$475

Physicians practicing in the US and Canada who have an interest in pediatric pain medicine, are eligible to be members of the American Society of Anesthesiologists (the "ASA"), AND are **active** members of the **Society for Pediatric Anesthesia (SPA)**, and the **Congenital Cardiac Anesthesia Society (CCAS)**.

**AFFILIATE A SPPM-SPA MEMBERSHIP** ..... \$375

Physicians practicing in the US and Canada who are ineligible to be members of ASA and persons who are not physicians, who have an interest in pediatric pain medicine, and are **affiliate** members of the **Society for Pediatric Anesthesia (SPA)**.

**AFFILIATE A SPPM-SPA-CCAS MEMBERSHIP** ..... \$475

Physicians practicing in the US and Canada who are ineligible to be members of ASA and persons who are not physicians, who have an interest in pediatric pain medicine, and are **affiliate** members of the **Society for Pediatric Anesthesia (SPA)**, and the **Congenital Cardiac Anesthesia Society (CCAS)**.

**AFFILIATE B SPPM ONLY MEMBERSHIP** ..... \$75

Physicians practicing in the US and Canada who are ineligible to be members of ASA and persons who are not physicians, who have an interest in pediatric pain medicine, but are not practicing or interested in pediatric anesthesia and are ineligible for membership with the Society for Pediatric Anesthesia (SPA).

**INTERNATIONAL MEMBERSHIP WITH SPA, CCAS and SPPM** ..... \$75

Physicians practicing outside of the US and Canada who have an interest in pediatric anesthesia and pediatric pain medicine. International members will receive memberships with SPA, CCAS and SPPM.

**FELLOW MEMBERSHIP** ..... \$100

Physicians performing post residency fellowship training. Fellow members will receive memberships with SPA, CCAS and SPPM.

- Check if you are a fellow in pediatric anesthesia.  Check if you are a fellow in pain medicine.

**RESIDENT MEMBERSHIP** ..... \$50

Physicians in an approved residency training program. Resident membership requires endorsement by program director. Resident members will receive memberships with SPA, CCAS and SPPM.

Residency Location: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Signature of Program Director: \_\_\_\_\_

## Payment Options:

Check or Money Order Enclosed (US Funds) Made Payable to: SPA, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx  Mastercard  Visa  Discover

Card No \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

**Group Billing – 10% Discount on Dues.** Receive a 10% discount on member dues if you have 100% participation in the group billing program from your practice or institution. The Society will send one comprehensive renewal notice to include all the SPA members in your practice or institution. Contact Greg Leasure, Membership Manager, at greg@societyhq.com or 804-565-6305 to establish group billing for your member dues or to find out more about the 10% discount.