

AMERICAN ACADEMY OF PAIN MANAGEMENT

Health Care Provider

Membership

American Academy of Pain Management Health Care Provider Membership is available to hospitals, clinics and institutions that support the goals and mission statement of the Academy. This is a non-voting membership category. Health Care Provider Membership does not constitute an endorsement of any product or service by the American Academy of Pain Management. Dues for Health Care Provider Membership are \$500 annually. All membership must be approved by the Academy.

Join the largest multidisciplinary pain management organization in the United States and demonstrate your pain management commitment to:

- Accrediting bodies
- Patients
- Fellow health care professionals

Provide your staff with the resources they need to stay current with the latest pain management trends and studies

Discover the benefits and educational opportunities of Health Care Provider Membership

- A Health Care Provider Membership Certificate suitable for framing
- Membership rates providing a substantial discount for all members of your staff at the Academy's Annual Clinical Meeting
- A listing on the Academy's award winning website as a Health Care Provider Member
- A \$10 discount on classified advertising in the Academy Newsletter, on the Academy classified web page or off of the classified package deal
- A subscription to *The Pain Practitioner*, the Academy's quarterly newsletter containing clinically relevant articles and Academy news
- A subscription to *The American Journal of Pain Management*, a quarterly, peer-reviewed journal dedicated to the transmission of knowledge related to the study and practice of pain management



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Membership Application

Name of Organization _____

Contact Individual _____

Contact Individual Title _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Web Site URL _____

Approximate number of employees at your organization _____

Do you have a Continuing Education Department? yes no

If yes, who is the Director of this department? _____

Payment Options:

Enclosed is my check or money order payable to AAPM (*US funds only*)

Please charge my dues to: Visa MasterCard

Card# - - - Expiration Date _____

Signature _____

The American Academy of Pain Management reserves the right to revoke any Health Care Provider Membership for the following reasons: implying or stating that the Academy recognizes or endorses any product or service; use of the Academy logo; or criminal/illegal behavior.

