Become part of an organization that is improving the way pain is managed in the US...

JOIN MORE THAN 4,300 CLINICIANS, AS WELL AS MANY HOSPITALS, AND PRACTICES, THAT ARE MEMBERS OF THE ACADEMY.

- Get the education and information you need to confidently care for people with pain
- Gain access to the most up-to-date state and federal policies in pain management
- Find out how you can get credentialed

CHOOSE THE MEMBERSHIP TYPE THAT’S RIGHT FOR YOU AND JOIN THE ACADEMY TODAY!

General Membership
Open to all clinicians, students, and affiliates.

Pain Management Facility Membership
Open to hospitals, clinics, and other institutions offering interdisciplinary pain management.

Four ways to join:
1. Phone (209) 533-9744
2. Fax (209) 533-9750
3. Online www.aapainmanage.org/join-today
4. Mail American Academy of Pain Management
   975 Morning Star Dr. Ste A, Sonora, CA 95370
TIERED MEMBERSHIP PROGRAM

General Membership, by Income Level

As the premier pain management organization for all clinicians who care for people with pain, the Academy offers a tiered membership program designed to make membership more affordable for many of our current members, attract valuable new members, and build our integrative “team.” In addition, we will be offering free membership for students and residents.

* Student membership is 100% complimentary. Fulltime registered students can access the Academy’s “Account Center” section of the website, the online learning center, and receive a printable membership certificate. Proof of student status must be provided each year.

<table>
<thead>
<tr>
<th>Student Level</th>
<th>Income Range</th>
<th>US</th>
<th>Intl</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREE*</td>
<td>0 - $75,000</td>
<td>$95</td>
<td>$155</td>
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<tr>
<td></td>
<td>$75,001 - $124,999</td>
<td>$195</td>
<td>$245</td>
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<td></td>
<td>$125,000 - $184,999</td>
<td>$275</td>
<td>$325</td>
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<td></td>
<td>$185,000+</td>
<td>$355</td>
<td>$405</td>
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</tbody>
</table>

Pain Management Facility Membership

$1,500

CONTACT INFORMATION

Facility Name (if not General Membership type)

Last __________________________________________
First ___________________________ Middle __________

Male □ Female □ Birth Date (MM/DD/YYYY) __________________________

WORK ADDRESS

Address 1 __________________________________________
Address 2 __________________________________________
City ___________________________ State _________ Zip _________
Phone ___________________________
Fax ___________________________
Email ___________________________

HOME ADDRESS

Address 1 __________________________________________
Address 2 __________________________________________
City ___________________________ State _________ Zip _________
Phone ___________________________
Fax ___________________________
Email ___________________________

EDUCATION

Medical and Advanced Academic Degree(s)

□ MD  □ DO  □ PhD  □ Other: ______________________________________

CLINICAL LICENSE(S) __________________________________________

DUES PAYMENT

□ Enclosed is my check or money order payable to AAPM (US funds only) or
Please charge to:

□ Visa □ MC □ Amex □ Discover Exp. Date_____________________

Card# ___________________________

SIGNATURE ___________________________

American Academy of Pain Management
975 Morning Star Drive, Suite A
Sonora, CA 95370
Ph 209-533-9744  Fx 209-533-9750
www.aapainmanage.org