

American Society of Interventional Pain Physicians®

Please type or print your information clearly

When completed, mail to: **ASIPP, 81 Lakeview Drive, Paducah, KY 42001** or Fax: **(270) 554-5394**



NAME (FIRST) (MIDDLE INITIAL) (LAST)

ORGANIZATION

ORGANIZATION ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

MEDICAL DEGREE: ☐ OMD ☐ DO ☐ Other (specify) _____

Contributions ☐ YES—I would like to help preserve IPM by making a tax deductible donation to ASIPP (you may use personal or business funds)
AMOUNT: _____

ASIPP-PAC - PERSONAL FUNDS ONLY

☐ YES—I will make a donation to ASIPP for lobbying. (Not tax deductible, personal checks only are acceptable)

Federal law requires that our PAC make best efforts to obtain certain identifying information from contributors of more than \$200 and we need accurate contact information to keep you apprised of our advocacy efforts. Except as required by law, we will not share any information obtained.

AMOUNTS: ☐ \$5,000 (individual yearly maximum) ☐ \$4,000 ☐ \$3,000 ☐ \$2,000 ☐ \$1,000 ☐ Other _____

ASIPP LOBBYING - (you may use personal or business funds)

☐ YES—I will make a donation to ASIPP for lobbying. (Not tax deductible, corporate checks are acceptable, no limit on contributions)

☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ Other _____

ASIPP MEMBERSHIP RENEWAL:

☐ ACTIVE IPM PHYSICIAN MEMBERSHIP

(must be a physician specializing in Pain Management, Spinal Injections, or Neural Blockade)

Life Membership Dues ☐ \$6,000 (or \$600/month x 10)

Annual Membership Dues ☐ \$500

Annual Membership Dues (≥3 years) ☐ ____ years at \$450/year

Military ☐ \$150

☐ I would also like to join my State Association(s) List names name(s) _____

☐ \$150 for Physicians ☐ \$75 for Associates

☐ ASSOCIATE MEMBERSHIP

(Non-Interventional Pain Management Physicians; Non-Physicians, including Nurses, Nurse Practitioners, Physician Assistants, Psychologists, Physical Therapists, and Scientists who are engaged in research, clinical practice of non-interventional techniques, or administrative aspects of Interventional Pain Management)

Life Associate Membership Dues ☐ \$3,000

Annual Associate Membership Dues ☐ \$150

International Member (Associate Status) ☐ \$150

Dues Payment

Method of Payment

☐ CHECK (Enclosed, Payable to ASIPP) CHECK NUMBER _____

☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

SECURITY CODE: _____ EXPIRATION DATE _____

AUTHORIZED SIGNATURE