SAVE IPM FUND
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: ○ MD  ○ DO  ○ Other (specify) __________________________

Assessments

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

REQUESTED AMOUNT: $500

RECOMMENDED AMOUNTS: $10,000  $5,000  $3,000  $2,000  $1,000  Other ______________________

ASIPP-PAC—PERSONAL FUNDS ONLY
○ YES—I will make a donation to ASIPP for lobbying. (Not tax deductible, personal checks only are acceptable)

REQUESTED AMOUNT: $250

RECOMMENDED 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)

REQUESTED AMOUNT: $10,000  $5,000  $1,000  Other ______________________

Dues

Payment

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

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 __________________________