



AAPM Affiliate Member Application

Affiliate Membership Requirements:

Affiliate members are non-physician healthcare professionals who are registered or eligible to be registered or licensed by a regulatory agency in the United States. The affiliate members can be Registered Nurses, Nurse Practitioners, Physician Assistants, Physical Therapists, Psychologists, or Pharmacists. They must be sponsored by an Active member of AAPM. They may serve as voting members of committees, but cannot chair committees, hold office or vote in business outside of their committee appointment.

Documents Required for Membership

Application form; dues payment; copy of professional license; copy of professional degree; and copy of board certificate (if applicable) and a letter of recommendation from an active AAPM member.

Affiliate Member Dues: \$190.

Affiliate Member Benefits:

- **Pain Medicine** – An electronic version of the Academy's Award Winning Journal. Published 8 times a year, it provides cutting edge, evidence-based information on pain medicine.
- **Pain Medicine Network**, the quarterly newsletter that provides regular updates of pain news, member and chapter news, and clinical reports from across the industry.
- **AAPMail**, Regular email releases on current, relevant events affecting membership and the specialty of pain medicine.
- **Website (www.painmed.org)**: Get up-to-date information on upcoming meetings, access to Academy position and consensus statements, links to national organizations, and a **Members Only** section that gives you access to your account, the ability to update your contact information, access to the online membership directory, CPT Codes for Pain Medicine Specialists and more.

Your Professional Affiliation:

- Registered Nurses Nurse Practitioners Physician Assistants
 Physical Therapists Psychologists Pharmacist

Name _____ Professional Degree _____

Mailing Address (home office) _____

City _____ State _____ Zip Code _____

Phone (home office) _____ Fax (home office) _____

E-mail (home office) _____

Date of Birth _____ What is your specialty of origin? _____

Are you board certified? yes no Name of board _____

Professional Licensure: Type _____ State _____ Date _____ License Number _____

Is your license unrestricted? yes no

Are you a member of a professional association? yes no Which one: _____

Method of payment

- Check (made payable to AAPM) Mastercard VISA Discover

Account Number _____ Expiration Date _____

Signature _____ Date _____