



AAPM Affiliate Member Application

Affiliate Membership Requirements:

AAPM has extended a warm welcome to certain non-physician healthcare professionals who are involved on pain treatment teams. Registered Nurses, Nurse Practitioners, Physician Assistants, Physical Therapists, Psychologists, or Pharmacists can apply for Affiliate Membership. 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.

Select Affiliate Member Benefits (for a complete list, visit www.PainMed.org):

- **Pain Medicine** - An electronic version of the Academy's frequently cited Journal. Published 12 times a year, it provides cutting edge, evidence-based information on pain medicine.
- **AAPM E-News** - biweekly e-newsletter with latest pain medicine news, information on advocacy related to pain as a specialty, trials, member honors and distinctions, and Academy updates.
- **AAPMail** - Regular email releases on current, relevant events affecting membership and the specialty of pain medicine.
- **Website (www.PainMed.org)** - continuously updated, it contains information on upcoming meetings, a growing library of Pain Medicine resources, access to Academy Position and Consensus statements, practice management advice, CPT codes for pain specialists, Members' Community and much more.

Your Professional Affiliation--only members of these professions are eligible for affiliate membership:

- | | | |
|--|--|---|
| <input type="checkbox"/> Registered Nurses | <input type="checkbox"/> Nurse Practitioners | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Pharmacists |

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: _____

Payment & Method:

The following documents must accompany payment: Application, Professional license; Professional Degree; and Board Certificate (if applicable) and a Letter of Recommendation from an active AAPM member. (Copies are acceptable).

Check (made payable to AAPM) MasterCard VISA Discover

Account Number _____ Expiration Date _____

Signature _____ Date _____

American Academy of Pain Medicine

4700 W. Lake Avenue • Glenview, IL 60025 • 847/375-4731 • 847/375-6477 fax • www.painmed.org