



American Society of Regional Anesthesia and Pain Medicine

520 N. Northwest Highway • Park Ridge, Illinois 60068-2573
Telephone: (847) 825-5586 • Fax: (847) 825-5658

Application for Membership

Includes subscription to the journal *Regional Anesthesia & Pain Medicine*

Please print or type. Complete all sections.

1. I hereby make application for:

- Active Membership (M.D., D.O. residing in the United States) \$195.00
 Associate Membership (M.D., M.B. residing outside the United States) \$95.00
 Affiliate Membership (Physicians or scientists not engaged in administering clinical anesthesia \$95.00
 *Resident/Fellow Membership – Residency/Fellowship ends ____/____ \$25.00
Month Year

* If applying for Resident membership, have you secured endorsements? Did you show date when Residency ends?

Endorsement for Resident Membership _____

2. Name _____
Last First Middle Initial

M.D. D.O. Ph.D. Other _____

3. University/Hospital _____

4. Preferred Mailing Address _____

City State ZIP

Phone Fax E-Mail _____

Date of Birth _____

5. Type of Practice
 Private Government University Other _____

6. Interest in Regional Anesthesia (Check all that apply)
 Surgery Pain Control Obstetrics Other _____

7. I am also a member of ASA AMA Other _____

8. Are you Board Certified in Pain Medicine? Yes No

9. Payment Options
 Check or Money Order (Made Payable in U.S. Currency to The American Society of Regional Anesthesia and Pain Medicine)
 Visa MasterCard

Credit Card Number _____ CVV Number _____
(Last three digits on back of card by signature)

Expiration Date ____/____

Signature _____

If you have any questions call the ASRA administrative office at (847) 825-5586, or e-mail us at asramembership@asahq.org