

**2010 Membership Application**

Complete the form below and send in with appropriate dues payment to:

Texas Pain Society - PO Box 201413-Austin, Texas 78720

Questions? Contact the TPS Office at 512-535-0010

Name(First, M, Last): _____ (MD, PhD, DO, RN, PA-C)

Company: _____

Address: _____ City/State/Zip: _____

Office Phone: _____ Office Fax: _____ Home Phone: _____

Email: _____ Website: _____

Home Address: _____ City/State/Zip: _____

Membership Type Requested: Active - \$275 Associate 1 - \$150 Associate 2 - \$75 Trainee - \$50 Military -\$150

Medical School Affiliation and/or Faculty Status: _____

Current Certifications and Dates: _____

Date of Birth: _____ TX Medical License # _____ Specialty: _____

Practice Type: _____ Full-time Academic _____ Private & Academic _____ Private Practice _____ Fellow or Resident

Education: (Indicate schools and dates)

Pre-Med or Graduate School: _____ Dates: _____

Medical School or Other Training: _____ Dates: _____

Internship: _____ Dates: _____

Residency or Fellowship: _____ Dates: _____

Additional Information:

1. Did your training include pain management? Approximately how much? _____

2. Do you currently treat patients with chronic/acute pain? _____

3. If yes, what percentage of your practice is devoted to treating patients with chronic/acute pain? _____

I, the undersigned, do hereby make voluntary application to the Texas Pain Society I certify that the information given by way of this application is true, honest, and completely represents me. I understand and agree that if granted membership, I will conform to all applicable local, state and federal regulations and will conduct my professional behavior consistent with the highest standards of professional conduct as well as those codes of ethical conduct relating to my specialty. I agree to abide by the regulations of the Texas Pain Society and I recognize that failure to do so may result in suspension or revocation of my membership. I understand that membership with the Texas Pain Society does not in and of itself imply or grant license to practice within any state. Furthermore, I understand and agree that the Texas Pain Society and its affiliates assume no responsibility for my action or activities. I practice at my own risk and hereby release the Texas Pain Society from any and all liability from any decision I make in the practice of pain management.

Signature of Applicant

Date

MEMBERSHIP QUALIFICATIONS

Information below explaining categories of membership available by application is excerpted from the Texas Pain Society Bylaws. Membership shall be gained by submitting a completed application to the Business Office for processing.

ACTIVE MEMBERSHIP (Dues: \$275)

Active members will be physicians who reside within the State of Texas, are licensed by the Texas Medical Board and are actively engaged in the practice of pain management. Active members will have full voting rights and be eligible to hold office until retirement. If one qualifies for Active membership, then that physician will not be considered for any other membership category.

MILITARY MEMBERSHIP (Dues: \$150)

Military members will be full time active duty physicians who reside within the State of Texas, are licensed by the Texas Medical Board and are actively engaged in the practice of pain management. Military members will have full voting rights and be eligible to hold office until retirement. If one qualifies for Military membership, then that physician will not be considered for any other membership category.

ASSOCIATE 1 MEMBERSHIP (Dues: \$150)

Associate 1 members will be physicians who reside outside the State of Texas. Associate 1 members will be accorded all the privileges of the Society, but they will not have voting privileges and not be eligible to hold office in the Society.

ASSOCIATE 2 MEMBERSHIP (Dues: \$75)

Associate 2 members will be non-physician pain practitioners and member-sponsored associates in Texas, i.e., nurses, physician assistants and other allied health personnel. Associate 2 members will be accorded all the privileges of the Society, but they will not have voting privileges and not be eligible to hold office in the Society.

TRAINEE MEMBERSHIP (Dues: \$50)

Trainee members will be individuals currently in a recognized training program related to pain management, including those executing fellowships. Trainees may stay in this membership category one additional year after the completion of their training program as they transition into practice.

INSTRUCTIONS TO APPLICANT

1. Please print or type the application and answer all questions fully. A resume or curriculum vitae may be submitted to supplement your file, but not in lieu of completing this form.
2. Enclose a check payable to **Texas Pain Society** with dues for the appropriate category.
3. The Texas Pain Society tax I.D. number is 74-2655654.
4. If you have any questions about the Society or the application process, please call Krista R. Crockett, Executive Director, at (512) 535-0010 or toll-free (866) 324-7922.

FOR OFFICE USE:

Application received: _____ Check amount: \$ _____