



2009 MEMBERSHIP APPLICATION

0102

CONTACT INFORMATION

Name: (MD, PhD, DO, RN, PA-C)
Company:
Office Address: City/State/Zip
Home Address: City/State/Zip
Office Phone: Home Phone: Office Fax:
E-Mail: Date of Birth: Website:

DEMOGRAPHICS

Type of Membership Requested:

- ACTIVE - \$275
ASSC. 1 - \$150
ASSC. 2 - \$75
TRAINEE - \$50
BUSINESS - \$500
MILITARY -\$150

Practice Type:

- Full-time Academic
Private & Academic
Private Practice
Fellow or Resident

Medical Specialty

Texas License #

Medical School Affiliation and/or Faculty Status:

Current Certifications and Dates:

EDUCATION (Indicate schools and dates)

- Pre-Med or Graduate School: Dates:
Medical School or Other Training: Dates:
Internship: Dates:
Residency or Fellowship: Dates:

- 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?
4. Which TPS member has agreed to serve as your sponsor may we contact? *

I certify that the above information is correct, and hereby apply for membership in the Texas Pain Society.

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.

BUSINESS MEMBERSHIP (Dues: \$500)

Business Members shall be individuals affiliated with businesses (pharmaceutical, medical device, provide goods or services) that are interested in pain management. Business members shall be accorded all of the privileges of the Society including attendance to all general membership and scientific meetings of the Society. They shall not be eligible to vote or to hold office in the Society.

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. Your check will be applied as payment for dues of the year in which your membership is approved. Acceptance of dues does not constitute acceptance of membership. Prepaid dues will be refunded if membership cannot be approved.
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. *Call this number also for assistance in selecting a sponsor.

FOR OFFICE USE:

Application received: _____ Check amount: \$ _____