



**2012 Business Membership Application**

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

Texas Pain Society – 114 West 7<sup>th</sup> St., Ste. 1240, Austin, TX 78701  
Questions? Contact the TPS Office at 512-535-0010

Membership Type Requested:  Business - \$500

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Website: \_\_\_\_\_

Job Title: \_\_\_\_\_ Territory/ Area You Serve/Represent: \_\_\_\_\_

Company Product/Service: \_\_\_\_\_

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*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.*

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**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.

### **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.

### **Why Become a Texas Pain Society Business Member?**

Becoming a Business Member of the TPS is a way to showcase your support for the advancement of pain medicine in Texas. Membership provides you access to all of the information that our physician members receive. You will get email updates, newsletters, invitations to meetings and more! One of the greatest benefits of Business Membership is the ability to meet with a physician and communicate with them about current issues that are affecting their practice (and the only way they learn about it is through the TPS). Our doctors value our Business Members commitment to the TPS!

## INSTRUCTIONS TO APPLICANT

1. Please print or type the application and answer all questions fully.
2. Enclose a check payable to **Texas Pain Society** for dues
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.
5. Dues to the Society are not tax deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not tax deductible as an ordinary and necessary business expense, to the extent that the Society engages in lobbying. The non-deductible portion of your 2012 dues is 25%.

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**FOR OFFICE USE:**

Application received: \_\_\_\_\_ Check amount: \$ \_\_\_\_\_