



### 2019 Membership Application

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

Texas Pain Society – PO Box 201363, Austin, TX 78720

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

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

Local District:  Houston  Austin  Greater North Texas  San Antonio  El Paso  N/A  Weslaco

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

City/State/Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Membership Type Requested:  Active - \$300  Associate 1 - \$175  Associate 2 - \$100  Trainee - \$50  Military - \$150

Medical School Affiliation and/or Faculty Status: \_\_\_\_\_

All Board Certifications and Dates: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ TX Medical License# \_\_\_\_\_

Primary Medical Specialty: \_\_\_\_\_

Secondary Medical 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: \_\_\_\_\_ Trainee Completion Date: \_\_\_\_\_

**Additional Information:**

1. Did your training include pain management? If so, 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? \_\_\_\_\_

How did you hear about Texas Pain Society?  Colleague  Online  Industry Representative  Brochure  Other: \_\_\_\_\_

*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: \$300)

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: \$175)

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: \$100)

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. DuRapau, Executive Director, at (512) 535-0010 or email [kdurapau@texaspain.org](mailto:kdurapau@texaspain.org).
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 2019 dues is 25%.

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**FOR OFFICE USE:**

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