



# SOCIETY FOR PEDIATRIC PAIN MEDICINE

2209 Dickens Road, Richmond, VA 23230

Phone: 804-282-9870 Fax: 804-282-0090 Email: [sppm@societyhq.com](mailto:sppm@societyhq.com) Website: [www.pedspainmedicine.org](http://www.pedspainmedicine.org)

- |  |
|--|
| <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD<br><input type="checkbox"/> CRNA <input type="checkbox"/> Other |
|--|

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Practice:  Private  University  Government  Other

Hospital Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Degrees & Other Professional Certifications With Dates: \_\_\_\_\_

ABA #: \_\_\_\_\_

## I Hereby Make Application For:

<input type="checkbox"/> <b>Active SPPM-SPA Membership</b> .....\$375 Physicians practicing in the US and Canada who have an interest in pediatric pain medicine, are eligible to be members of the American Society of Anesthesiologists (the "ASA"), AND are <b>active</b> members of the <b>Society for Pediatric Anesthesia (SPA)</b> .	<input type="checkbox"/> <b>Affiliate A SPPM-SPA-CCAS Membership</b> .....\$475 Physicians practicing in the US and Canada who are ineligible to be members of ASA and persons who are not physicians, who have an interest in pediatric pain medicine, and are <b>affiliate</b> members of the <b>Society for Pediatric Anesthesia (SPA)</b> , and the <b>Congenital Cardiac Anesthesia Society (CCAS)</b> .								
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<input type="checkbox"/> <b>SPPM (SPPM ONLY) Active B</b> ..... \$100 The SPPM Active B class of membership shall consist of physicians who practice or have an interest in pediatric pain medicine and are ineligible to be members of the American Society of Anesthesiologists; and psychologists, nurses, physical therapists and other non-physician providers who practice or have an interest in pediatric pain medicine. Any person classified as an SPPM Active B member shall have full SPPM voting privileges and shall be eligible for election to the Society's Board of Directors.	<input type="checkbox"/> <b>Fellow Membership</b> .....\$100 Physicians performing post residency fellowship training. Fellow members will receive memberships with SPA, CCAS and SPPM. <input type="checkbox"/> Fellow in pediatric anesthesia. <input type="checkbox"/> Fellow in pain medicine.								
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<b>International Dues on Country*</b>	<table border="1"> <thead> <tr> <th>Tier 1</th> <th>Tier 2</th> <th>Tier 3</th> <th>Tier 4</th> </tr> </thead> <tbody> <tr> <td><b>\$75</b></td> <td><b>\$48</b></td> <td><b>\$24</b></td> <td><b>\$9</b></td> </tr> </tbody> </table>	Tier 1	Tier 2	Tier 3	Tier 4	<b>\$75</b>	<b>\$48</b>	<b>\$24</b>	<b>\$9</b>
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\*The tiered dues categories are based on the World Bank of Economies. Please refer to the SPA Website (<https://www.pedsanesthesia.org/international-membership-tiers/>) to determine your tier.

## Payment Options:

Check or Money Order Enclosed (US Funds) Made Payable to: SPA, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx  Mastercard  Visa  Discover

Card No \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

**Group Billing – 10% Discount on Dues.** Receive a 10% discount on member dues if you have 100% participation in the group billing program from your practice or institution. The Society will send one comprehensive renewal notice to include all the SPA members in your practice or institution. Contact Greg Leasure, Membership Manager, at [greg@societyhq.com](mailto:greg@societyhq.com) or 804-565-6305 to establish group billing for your member dues or to find out more about the 10% discount.

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