



SOCIETY FOR PEDIATRIC PAIN MEDICINE

2209 Dickens Road, Richmond, VA 23230

Phone: 804-282-9870 Fax: 804-282-0090 Email: sppm@societyhq.com Website: www.pedspainmedicine.org

<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> CRNA <input type="checkbox"/> Other
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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"/> Active SPPM-SPA Membership\$475 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 active members of the Society for Pediatric Anesthesia (SPA) .	<input type="checkbox"/> Affiliate A SPPM-SPA-CCAS Membership\$600 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 affiliate members of the Society for Pediatric Anesthesia (SPA) , and the Congenital Cardiac Anesthesia Society (CCAS) .			
<input type="checkbox"/> Active SPPM-SPA-CCAS Membership\$600 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 active members of the Society for Pediatric Anesthesia (SPA) , and the Congenital Cardiac Anesthesia Society (CCAS) .	<input type="checkbox"/> Affiliate B SPPM Only Membership\$75 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, but are not practicing or interested in pediatric anesthesia and are ineligible for membership with the Society for Pediatric Anesthesia (SPA).			
<input type="checkbox"/> SPPM (SPPM ONLY) Active 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"/> Fellow Membership\$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.			
<input type="checkbox"/> Affiliate A SPPM-SPA Membership\$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 affiliate members of the Society for Pediatric Anesthesia (SPA) .	<input type="checkbox"/> Resident MembershipCOMPLIMENTARY Physicians in an approved residency training program. Resident membership requires endorsement by program director. Resident members will receive memberships with SPA, CCAS and SPPM. Residency Location: _____ Completion Date: _____ Signature of Program Director: _____			
<input type="checkbox"/> International Trainee\$15	For fellows and residents outside North America			
<input type="checkbox"/> Medical Student MembershipCOMPLIMENTARY	Graduation Date: _____			
International Dues on Country*	Tier 1	Tier 2	Tier 3	Tier 4
<input type="checkbox"/> International Physicians (Membership with SPA, CCAS and SPPM) Physicians practicing outside of the US and Canada who have an interest in pediatric anesthesia and pediatric pain medicine.	\$75	\$48	\$24	\$9

*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 or 804-565-6305 to establish group billing for your member dues or to find out more about the 10% discount.