



Membership Application

AAPM Membership Categories

Active Member

Active Members are physicians (i.e., doctors of medicine or doctors of osteopathy) to practice medicine in the United States. These members spend a significant portion of their time treating pain patients and studying pain disorders. Active members may vote, serve as officers and directors, serve and vote on committees, and are required to pay dues. Dues \$325

International Member

International members are physicians (i.e., doctors of medicine or doctors of osteopathy) who have a license to practice medicine within their country of origin outside of the United States. International members may not vote or serve as officers or directors, but may serve and vote on committees. Dues \$250

Requirements for Membership

Application form; dues payment; copy of medical license; copy of medical degree; and copy of board certificate (if applicable).

Resident Member

Resident members must be enrolled and in good standing in a residency program in an institution within the United States approved by the American Board of Pain Medicine, the Accreditation Council on Graduate Medical Education, or the American Osteopathic Association. Resident Members may not vote or serve as officers or directors, but may serve and vote on committees. They shall NOT be required to pay dues.

Student Member

Student members must be enrolled and in good standing in a curriculum of allopathic or osteopathic medicine in an institution within the United States approved by the Association of American Medical Colleges or the American Osteopathic Association. Student members may not vote or serve as officers or directors, but may serve and vote on committees. They shall NOT be required to pay dues.

Name _____ Professional Degree _____

Mailing Address (home office) _____

City _____ State _____ Zip Code _____

Phone (home office) _____ Fax (home office) _____

E-mail (home office) _____

Date of Birth _____ What is your specialty of origin? _____

Are you board certified? yes no Name of board _____

Medical Licensure State _____ Date _____ License Number _____

Is your license unrestricted? yes no

Are you a member of the American Medical Association? yes no

Method of payment

Check (made payable to AAPM) MasterCard VISA Discover

Account Number _____ Expiration Date _____

Signature _____ Date _____

American Academy of Pain Medicine

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