



# American Society of Regional Anesthesia and Pain Medicine

Advancing the science and practice of regional anesthesiology and pain medicine to improve patient outcomes through research, education, and advocacy

## 2021 Membership Application

Prefix:  Dr.  Professor  Mr.  Mrs.  Ms.  Miss

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Preferred mailing address (select one):  Work  Home

Street address: \_\_\_\_\_

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

Preferred phone: \_\_\_\_\_ (is this mobile, work, or home?)  Mobile  Work  Home

Preferred email address: \_\_\_\_\_ (is this work or personal?)  Work  Personal

### Communication Preferences:

If you select Do Not Email, you will not receive any email blasts, but you will still receive confirmation/transaction emails. You may login to your Profile at any time to select the types of communication you wish to receive.

Do not email  Do not mail  Do not fax  Do not include my contact information in Membership Directory

Specialty: (select all that apply)  Acute pain  Chronic pain  Regional anesthesia  Other \_\_\_\_\_

### Work Setting:

Academic medical center  Corporation  Health maintenance organization (HMO)  
 Hospital-based practice  Individual practice

Gender:  Female  Male  Non-binary  Prefer not to respond

(ASRA is committed to inclusiveness as a core value. This question exists solely to monitor our progress in serving all groups.)

ASA Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_

### Board Certification:

American Board of Anesthesiology  American Board of Physical Medicine and Rehabilitation  
 American Board of Psychiatry and Neurology  Other ABMS or AOA Board(s)

### Pain Medicine Specialty Certification:

American Board of Interventional Pain Physicians  American Board of Medical Specialties (Anesthesiology)  
 American Board of Pain Medicine  Emergency Medicine  
 Fellow of Interventional Pain Practice (FIPP)  Neurology  
 Physical Medicine and Rehabilitation  Psychiatry

### Social/Web:

Twitter Handle: \_\_\_\_\_ Facebook Profile: \_\_\_\_\_ Web Site: \_\_\_\_\_

Instagram ID: \_\_\_\_\_ LinkedIn Profile: \_\_\_\_\_

**Membership Category/Term** (select one; all rates are USD):

Regular (active physician):  \$275/1 year  \$825/3 years  
Young Professional\*:  \$200/2 years  \$240/3 years  
Trainee (resident/fellow):  \$40/1 year  \$120/3 years  
Affiliate (nonphysician):  \$110/1 year  \$330/3 years  
Military:  \$125/1 year  \$375/3 years

Retired:  \$55/1 year  \$165/3 years  
Internat'l (e-journal):  \$105/1 year  \$315/3 years  
Internat'l + print journal:  \$275/1 year  \$825/3 years  
ESRA/ASRA Membership\*:  \$95/1 year

\* The Young Professional rate covers an individual for a 1- or 2-year fellowship plus first year in practice. The ESRA/ASRA Membership rate requires the individual to be an ESRA member and does not include a journal subscription (print or online).

**Special Interest Groups** (optional; no additional charge):

Special interest groups (SIGs) provide an opportunity for networking and collaboration around specific areas of interest. Each SIG offers a quarterly e-newsletter and access to a private online community.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abdominal and Pelvic Pain  | <input type="checkbox"/> Neuromodulation   | <input type="checkbox"/> Physician Mentorship and Leadership Development      |
| <input type="checkbox"/> Cancer Pain and Supportive Care                                  | <input type="checkbox"/> Nurse Practitioner, Physician Assistant, and Clinical Nurse | <input type="checkbox"/> Regenerative Pain Medicine                           |
| <input type="checkbox"/> Cannabis in Acute and Chronic Pain                               | <input type="checkbox"/> Pain and Substance Use Disorder                             | <input type="checkbox"/> Regional Anesthesia Cardiothoracic Enhanced Recovery |
| <input type="checkbox"/> Education in Regional Anesthesia                                 | <input type="checkbox"/> Pediatric Regional Anesthesia and Pain Management           | <input type="checkbox"/> Resident and Medical Student Pain Education          |
| <input type="checkbox"/> Functional Medicine for Anesthesiologists and Pain Practitioners | <input type="checkbox"/> Perioperative Medicine                                      | <input type="checkbox"/> Ultrasonography in Pain Medicine                     |
| <input type="checkbox"/> Global Health and Regional Anesthesia                            | <input type="checkbox"/> Perioperative Point-of-Care Ultrasound                      | <input type="checkbox"/> Women in Regional Anesthesia and Pain Medicine       |
| <input type="checkbox"/> Green Anesthesia   | <input type="checkbox"/> Persistent Perioperative Pain                               |   |
| <input type="checkbox"/> Headache   |  |   |
| <input type="checkbox"/> LGBTQA   |  |   |

**Add a donation** (select which grant[s] and enter donation amount[s]):

Carl Koller Mem Res Grant \$ \_\_\_\_\_  Chronic Pain Med Res Grant \$ \_\_\_\_\_  Young Investigator/Grad Student \$ \_\_\_\_\_

**Payment Total** \_\_\_\_\_

Make check payable to ASRA  
(include full name of member)

OR select credit card:

VISA  MasterCard  American Express  Discover

Would you like to enroll in auto renewal?\*\*  Yes  No

Name as it appears on credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration (mm/yy): \_\_\_\_\_ Security code (3-4 digits): \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*See terms and conditions at [www.asra.com/categories-of-membership#autorenew](http://www.asra.com/categories-of-membership#autorenew).

ASRA will never sell or share your personal information without your permission. See our terms of use and privacy statement for information regarding the use of your personal information at [www.asra.com](http://www.asra.com).

Thank you for your membership in ASRA! We look forward to serving you!  
Bookmark us at [www.asra.com](http://www.asra.com).



Send completed form via EMAIL: [ASRAMembership@asra.com](mailto:ASRAMembership@asra.com); FAX: 412-471-7503, or MAIL: ASRA Membership, 3 Penn Center West, Suite 224, Pittsburgh, PA 15276  
ASRA membership dues are nonrefundable and nontransferable.