

# New England Pain Association



The New England Chapter of the American Pain Society  
PO Box 1499 Framingham MA 01701 •508-740-8324  
E-mail: nepa@rcn.com

## MEMBERSHIP APPLICATION

(Please Print)

Name \_\_\_\_\_ Title/Degree/Certification \_\_\_\_\_

Mailing Address: (Please indicate if home or work address)

Street \_\_\_\_\_

City / State / Zip code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Specialty:

1. \_\_\_\_\_ 2. \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Board Certification: \_\_\_\_\_

American Pain Society Member: Yes No

Hospital Appointments:

\_\_\_\_\_

\_\_\_\_\_

Academic Appointments:

\_\_\_\_\_

\_\_\_\_\_

Research/Clinical Specialties:

\_\_\_\_\_

\_\_\_\_\_

NEPA Committee Interest:

Legislation  Conferences/Programs  Speakers Bureau (public/professional)  Newsletter

Residents/Students: \$50 with letter from Dean Residency end date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Dues: \$85

Please charge my payment to (check one):  Amex  Master Card  Visa NO DEBIT CARDS ACCEPTED

Name on Card (print) \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return to:**

PO Box 1499 Framingham, MA 01701 • Phone (508) 740-8324 •• Email: nepa@rcn.com