



World Institute of Pain

**SECTION OF PAIN PRACTICE**

**Individual Membership Information - June2007/May2008**

NAME

ADDRESS

CITY

STATE  
( )

ZIP CODE

E-MAIL(mandatory)

PHONE NUMBER

**Membership dues\*: \$145.00 \* (prices are subject to change) Dues include the cost of a one-year subscription to the WIP's official journal, *Pain Practice*.**

**Type of Facility where employed:**

**Specialty:**

- Hospital
- University
- Pain Center
- Other: \_\_\_\_\_

- Anesthesiology
- Internal Medicine
- Neurology
- Neurosurgery
- Nursing
- Oncology

- Orthopedic Surgery
- Pharmacology
- Physical Therapy
- Psychiatry
- Surgery, general
- Other: \_\_\_\_\_

**PAYMENT OPTIONS**

Check Enclosed – made payable to WIP in US \$ Drawn on a US Bank.  
(send to Paula Brashear, Room 1C-282, 3601-4th Street, Lubbock, TX 79430, USA)

Charge My       Mastercard       Visa

TOTAL \_\_\_\_\_ I agree to recurrent annual billing if PayPal accepts request made on my behalf by WIP: Yes/No

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**RETURN ONLY TO:** Secure Fax: +1 (267) 350-9049 (USA)

Contact: Ayse McGowan, Email: [ayse@worldinstituteofpain.org](mailto:ayse@worldinstituteofpain.org)      **(WARNING: do not email credit card information)**  
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