SPINE INTERVENTION SOCIETY
NORTH AMERICAN/PROVISIONAL/AFFILIATE MEMBERSHIP APPLICATION

PERSONAL & CONTACT INFORMATION

Name: First/Middle/Last

Nickname

Degree(s)

Specialty

Date of Birth

Home Street Address

Home City/State/Province/Postal Code/Country

Practice Phone

Personal Phone

Gender
- Female
- Male
- additional gender category/identity: please specify _______
- prefer not to respond

Preferred Primary Email
- Practice
- Personal

Preferred Mailing Address
- Practice
- Personal

Practice Email

Personal/Permanent Email

Facebook Profile URL

LinkedIn Profile URL

Twitter Handle

MEMBERSHIP TYPE QUALIFICATIONS

I am currently certified in one, or more, of the following specialties, have attached verifying documentation, and wish to be considered for **North American Membership**

I will complete certification in one of the following specialties on ________, have attached verifying documentation, and wish to be considered for **Provisional Membership**

I am not pursuing certification in one of the following specialties, have no intention to attend SIS Bio-Skills Labs, and wish to be considered for **Affiliate Membership**

ANESTHESIOLOGY	NEUROLOGY	NEUROSURGERY
ORTHOPEDIC SURGERY	PHYSICAL MEDICINE AND REHABILITATION	RADIOLOGY

PROFESSIONAL INFORMATION

Indicate if You Currently Direct a Training Program

Practice Name

Practice Street Address

Practice City/State/Province/Postal Code/Country

Residency and Completion Date

Fellowship and Completion Date

Office Administrator

Office Administrator Email

Office Administrator Phone

Billing and Coding Staff Member

Billing and Coding Staff Member Email

Billing and Coding Staff Member Phone

DUES PAYMENT INFORMATION

Cardholder Name

Card Number (Amex, MC, Visa)

Cardholder Signature

Card Expiration Date   Security Code

I wish to be enrolled in Automatic Membership Renewal. (Third Year of Practice (and Beyond) only. You will receive receipts and can change payment options online at any time.)

Instead of paying with a credit card, I have included check #_________, payable in US dollars.

APPLICATION REQUIREMENTS Please indicate that you have attached all required verifying documents.

- Curriculum Vitae
- Documentation of Board Certification or Expected Completion Date
- Third Year of Practice (and Beyond) Membership Fee: $495 USD (or $475 with auto renew)
- Second Year of Practice Membership Fee: $295
- First Year of Practice Membership Fee: $95

AUTHORIZATION

I hereby release from liability all representatives of the Spine Intervention Society in connection with evaluating my application, credentials, and qualifications. By signing this application I affirm that the provided information is true.

Signature _________________________________ Date_________________________________

PLEASE MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:

Spine Intervention Society - Membership Department
120 E. Ogden Ave. Ste. 202 | Hinsdale, Illinois 60521
membership@SpineIntervention.org | fax 415.457.3495 | phone 630.203.2252 | U.S. toll free 888.255.0005