

# SPINE INTERVENTION SOCIETY INTERNATIONAL MEMBERSHIP APPLICATION - Tier I



## PERSONAL & CONTACT INFORMATION

Name: First/Middle/Last \_\_\_\_\_

Nickname \_\_\_\_\_

Degree(s) \_\_\_\_\_

Specialty \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Property Number and Street Name \_\_\_\_\_

Home Local Area or Village Name/City/Postal Code/Country \_\_\_\_\_

Gender	Female	Male
Preferred Primary Email	Practice	Personal
Preferred Mailing Address	Practice	Personal

Practice Email \_\_\_\_\_

Personal/Permanent Email \_\_\_\_\_

Practice Phone \_\_\_\_\_

Personal Phone \_\_\_\_\_

Facebook Profile URL \_\_\_\_\_

LinkedIn Profile URL \_\_\_\_\_

Twitter Handle \_\_\_\_\_

## QUALIFICATIONS

Membership is limited to physicians Board-certified or pursuing certification in the following specialties:

I am currently certified in one or more of the following specialties, and have attached verifying documentation.

I am not currently certified in one of the following specialties, but I expect to complete certification on \_\_\_\_\_, and have attached verifying documentation.

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 \_\_\_\_\_

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

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

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

Curriculum Vitae \_\_\_\_\_

Documentation of Board certification or Expected Date of Completion \_\_\_\_\_

Annual Membership Fee: \$295 USD (or \$275 with auto renew)

## 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

**Spine Intervention Society**  
phone 630-203-2252 | U.S. toll free 888.255.0005 | SpineIntervention.org