

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 _____

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 _____

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. (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 Date of Completion _____ Annual Membership Fee: \$495 USD (or \$475 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