



American Society of Regional Anesthesia and Pain Medicine

2025 Membership Application

Prefix: Dr. Professor Mr. Mrs. Ms. Miss

First name: _____ Middle: _____ Last name: _____

Nickname: _____ Title: _____

Institution/Organization: _____

Preferred mailing address (select one): Work Home

Street address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Preferred phone: _____ (is this mobile, work, or home?) Mobile Work Home

Preferred email address: _____ (is this work or personal?) Work Personal

Communication Preferences:

If you select Do Not Email, you will not receive any email blasts, but you will still receive confirmation/transaction emails. You may login to your Profile at any time to select the types of communication you wish to receive.

Do not email Do not mail Do not fax

Specialty (select all that apply): Acute pain Chronic pain Regional anesthesia Other _____

Work Setting:

Academic medical center Corporation Health maintenance organization (HMO)
 Hospital-based practice Individual practice

Gender: Female Male Non-binary Prefer not to respond

(ASRA Pain Medicine is committed to inclusiveness as a core value. This question exists solely to monitor our progress in serving all groups.)

ASA Number: _____ NPI Number: _____

Board Certification:

American Board of Anesthesiology American Board of Physical Medicine and Rehabilitation
 American Board of Psychiatry and Neurology Other ABMS or AOA Board(s)

Pain Medicine Specialty Certification:

American Board of Interventional Pain Physicians American Board of Medical Specialties (Anesthesiology)
 American Board of Pain Medicine Emergency Medicine
 Fellow of Interventional Pain Practice (FIPP) Neurology
 Physical Medicine and Rehabilitation Psychiatry

Social/Web:

X (Twitter) Handle: _____ Facebook Profile: _____ Web Site: _____

Instagram Handle: _____ LinkedIn Profile: _____

Membership Category/Term (select one; all rates are USD):

- | | | | | | | |
|-----------------------------|---------------------------------------|--|--------------------------------------|--|---|--|
| Regular (active physician): | <input type="checkbox"/> \$410/1 year | <input type="checkbox"/> \$1,230/3 years | Retired: | <input type="checkbox"/> \$75/1 year | <input type="checkbox"/> \$225/3 years | |
| Young Professional*: | <input type="checkbox"/> \$200/1 yr | <input type="checkbox"/> \$267/2 yrs | <input type="checkbox"/> \$334/3 yrs | International: | <input type="checkbox"/> \$410/1 year | <input type="checkbox"/> \$1,230/3 years |
| Trainee (resident/fellow): | <input type="checkbox"/> \$67/1 year | <input type="checkbox"/> \$201/3 years | | AFSRA/AOSRA-PM/ESRA/LASRA/ASRA Pain Medicine | | |
| Affiliate (nonphysician): | <input type="checkbox"/> \$160/1 year | <input type="checkbox"/> \$480/3 years | | Membership**: | <input type="checkbox"/> \$68/1 year | |
| Military: | <input type="checkbox"/> \$180/1 year | <input type="checkbox"/> \$540/3 years | | Medical Student: | <input type="checkbox"/> Free (contact asramembership@asra.com) | |

* Young Professional 1-year rate covers your first year in practice; 2-year rate covers your 1-year fellowship plus first year in practice; 3-year rate covers your 2-year fellowship plus first year in practice.

**This membership rate requires the individual to be an AFSRA, AOSRA-PM, ESRA, or LASRA member and does not include a journal subscription.

Special Interest Groups (optional; no additional charge):

Special interest groups (SIGs) provide an opportunity for networking and collaboration around specific areas of interest. Each SIG offers educational content and access to additional networking opportunities.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer Pain and Supportive Care | <input type="checkbox"/> Nurse Practitioner, Physician Assistant, and Clinical Nurse | <input type="checkbox"/> Regenerative Pain Medicine |
| <input type="checkbox"/> Cannabis in Acute and Chronic Pain | <input type="checkbox"/> Opioid Safety and Substance Use Disorder | <input type="checkbox"/> Regional Anesthesia and Pain Medicine in Military Medicine |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Pediatric Regional Anesthesia and Pain Management | <input type="checkbox"/> Regional Anesthesia Cardiothoracic Enhanced Recovery |
| <input type="checkbox"/> Educators in Regional Anesthesia | <input type="checkbox"/> Perioperative Medicine | <input type="checkbox"/> Resident and Medical Student Pain Education |
| <input type="checkbox"/> Functional and Integrative Medicine | <input type="checkbox"/> Perioperative Point-of-Care Ultrasound | <input type="checkbox"/> Ultrasonography in Pain Medicine |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Persistent Perioperative Pain | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Green Anesthesia | <input type="checkbox"/> Physician Mentor/Leader Development | <input type="checkbox"/> Women in Regional Anesthesia and Pain Medicine |
| <input type="checkbox"/> Headache and Facial Pain | <input type="checkbox"/> Private Practice | |
| <input type="checkbox"/> LGBTQIA+ | | |
| <input type="checkbox"/> Neuromodulation | | |

Add a donation (select which grant[s] and enter donation amount[s]):

- Carl Koller Mem Res Grant \$ _____ Chronic Pain Med Res Grant \$ _____ Young Investigator/Grad Student \$ _____

Payment Total _____

- Make check payable to ASRA Pain Medicine (include full name of member) OR select credit card:
 VISA MasterCard American Express Discover
Would you like to enroll in auto renewal? ** Yes No

Name as it appears on credit card: _____

Card Number: _____ Expiration (mm/yy): _____ Security code (3-4 digits): _____

Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Signature: _____ Date: _____

**See terms and conditions at www.asra.com/the-asra-family/membership/categories-of-membership

ASRA Pain Medicine will never sell or share your personal information without your permission. See our terms of use and privacy statement for information regarding the use of your personal information at www.asra.com.

Send completed form via email to asramembership@asra.com or via fax or mail.

Thank you for your membership in ASRA Pain Medicine! We look forward to serving you!
Bookmark us at www.asra.com.

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Tel. 412.471.2718 **U.S.** 1.855.795.ASRA (2772) **Fax.** 412.471.7503

ASRA Pain Medicine membership dues are nonrefundable and nontransferable.