



American Spinal Injury Association

MEMBERSHIP APPLICATION

Dear Colleague:

Thank you for your interest in the American Spinal Injury Association (ASIA). Please complete this application and you will receive an email notification confirming your society membership.

MEMBERSHIP APPLICATION

Please print or type

Address will be available in member directory unless box is checked.

Last Name: _____ First Name: _____ MI: _____ Degree/Title: _____

Hospital/Institution/Practice _____

Address: _____

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

Primary Phone: _____ Secondary (private) Phone: _____

E-Mail: _____ Date of Birth (mm/dd/yyyy): ____/____/____

*** Email is required to receive future membership information Please print clearly for successful email delivery.**

EDUCATION

Discipline/Degree: (check all that apply) PhD MD/DO/MBBS Nursing PT/DPT OT SLP SW

Psych ACP (PA/NP) RCSP CTRS Administration Researcher Other _____

Highest Degree Obtained: (check all that apply) MD/DO PhD Other Doctorate degree _____

Master's Degree Bachelor's Degree

What is your area of interest and role related to the field of Spinal Cord Injury? (check all that apply)

Acute Care (Emergent/Critical Care) Advocacy Aging/Geriatrics Autonomic Systems Basic Science

Biomedical Research/Biomedical Engineering Clinical Trials/Research Health and Wellness/Prevention

Health Care Administration/Health Care Policy Medical-Legal Mental Health Pain Management Pediatrics

Primary care Public Health Rehabilitation Rehabilitation Counseling Respiratory Therapy/Pulmonary Care

Social Media Social Work/Community Based Practice/Care Management Technology Translational Science

Vocational Rehabilitation

MEMBERSHIP CATEGORY

Member (e.g. MD, DO, MD-PhD, PhD, Psych) \$395 Member (e.g. Nursing, PT, OT, SW, MBBS, ACP, CTRS, KT) \$225

Affiliate Member (e.g. Industry Law, Consumer/Family) \$225 Trainee Member \$50

Sustaining Member \$1,500* Premier Member \$2,500* Date of Graduation: (e.g. mm/dd/yyyy) _____

Requires Letter of Verification

Clinic/Institutional Member \$5,000* (*Please use separate application forms)

PAYMENT OPTIONS

Check or money order enclosed (US Funds) made payable to: ASIA

If paying by check, you MUST include a copy of this application with your payment.

AmEx Mastercard Visa Discover Name on Card: _____

Expiration Date: _____ Card Number: _____ CVV Security Code* _____

Signature: _____ Date: _____

*CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.

Were you referred by a current ASIA member? If so, please indicate their name below.

First Name _____ Last Name: _____ Degree/Title: _____

AMERICAN SPINAL INJURY ASSOCIATION

2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6396 • Fax (804) 282-0090 • asia@asia-spinalinjury.org • www.asia-spinalinjury.org



MEMBERSHIP CATEGORY INFORMATION

Please check the appropriate membership category on the front of this application.

MEMBER – (COST \$395)

- An individual recognized and acknowledged for contributions to the field of spinal cord care, who has completed training in their field of specialty.
- An individual trained and working in a health related profession that has active professional engagement in clinical practice, research, teaching or administration in the field of spinal cord care.
(e.g., MD, DO, MD-PhD, PhD, Psych)

MEMBER – (COST \$225)

- An individual recognized and acknowledged for contributions to the field of spinal cord care, who has completed training in their field of specialty.
- An individual trained and working in a health related profession that has active professional engagement in clinical practice, research, teaching or administration in the field of spinal cord care.
(Nursing, PT, OT, SLP, SW, MBBS, ACP, CTRS, KT)

TRAINEE MEMBER – (COST \$50)

- An individual training in a health related profession with an interest in the spinal cord injury population who has a Letter of Verification from their program director or chairman including the length of their training period. Term: three - five years determined by training period.
(e.g., student, postdoctoral scholar, resident, fellow)

AFFILIATE MEMBER – (COST \$225)

- An individual with an interest in the field who does not satisfy the criteria for Member.
(e.g., Industry, Law, Family)
- The individual should demonstrate a commitment and interest in the spinal cord injury population and issues related to care, treatment and/or research.

SUSTAINING MEMBER – (COST \$1,500)

- Same as Members above and providing additional financial support to the organization. Includes one complimentary annual meeting registration per year, automatic renewals.

PREMIER MEMBER – (COST \$2,500)

- Same as Member, plus complimentary annual meeting registration, meeting CME/CEU credits, additional support for the organization, free access to all of e-learning modules and certificates, automatic renewals.

CLINIC/INSTITUTIONAL MEMBERSHIP – (COST \$5,000)

- Three MD/PHD memberships, three allied health professionals, three annual meeting registrations, four ads/announcements in the e-bulletins a year, institution banner on our website, ad in the annual meeting program, job announcements on our job board for a year.

Please contact **Greg Leasure: greg@societyhq.com** if you are interested in Clinic/Institutional memberships or would like additional information.