



SUPPORT A MEMBER

# MEMBERSHIP APPLICATION

The following Support a Member application should be completed by the prospective member and sponsor before being submitted to the ASIA office: asia.office@asia-spinalinjury.org. Both the sponsor and member will be notified when the membership is processed.

## MEMBERSHIP INFORMATION - to be completed by Applicant

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.*

## APPLICANT - 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

## APPLICANT - MEMBERSHIP CATEGORY

Member (e.g. MD, DO, MD-PhD, PhD, Psych) \$395  Member (e.g. Nursing, PT, OT, SW, MBBS, ACP, CTRS, KT) \$225  
 Trainee Member \$50 Date of Graduation: (e.g. mm/dd/yyyy) \_\_\_\_\_ Requires Letter of Verification

## SPONSOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Degree/Title: \_\_\_\_\_

Hospital/Institution/Practice \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PAYMENT OPTIONS - to be completed by Sponsor

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.*

**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](mailto:greg@societyhq.com)** if you are interested in Clinic/Institutional memberships or would like additional information.