



PLATINUM LEVEL

CLINIC/INSTITUTION MEMBERSHIP APPLICATION

Please print or type

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

Clinic/Institution Name _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Primary Contact _____ Title _____

E-Mail _____ Office Phone _____

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

\$5,000 Annually – Platinum Level

ANNUAL CLINIC/INSTITUTION MEMBERSHIP BENEFITS	\$5,000 FEE INCLUDES
MD/PhD Memberships	Up to three
Allied Health Memberships	Up to three
Annual Meeting Registrations	Up to three
Ads/Announcements in bulletins and newsletter	Up to four
Institutional banner and link on the ASIA website	✓
Hospital logo and/or ad in Annual Meeting Program	✓
Job announcement on job board for one year	✓
eLearning Registrations	Up to five

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.*

Please send payment to:
The American Spinal Injury Association
9702 Gayton Rd, Suite 306, Richmond, VA 23238
Payment is due 30 days from the date of the transaction.
www.asia-spinalinjury.org



CLINIC/INSTITUTION MEMBERSHIP GROUP FORM

**Please complete this form, indicating the participants in your Clinic/Institution Membership.
Clinic/Institution memberships are granted up to three MD/PhD memberships and
up to three Allied Health memberships.**

**Please return all completed forms to:
ASIA, Attention: Greg Leasure, 2209 Dickens Road, Richmond, VA 23230-2005,
via email to greg@societyhq.com or by fax (804) 282-0090.**

Please print or type

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

Clinic/Institution Name _____

Primary Contact _____ Title _____

MD/PhD Participant Names:

Name _____ Email Address _____

Name _____ Email Address _____

Name _____ Email Address _____

Allied Health Participant Names:

Name _____ Email Address _____

Name _____ Email Address _____

Name _____ Email Address _____

Current individual ASIA members do not need to complete individual membership applications.

If you do not receive a confirmation e-mail from the ASIA office within 30 days of submitting your registration form, please call the office to confirm that your registration material has been received.

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CLINIC/INSTITUTION INDIVIDUAL MEMBERSHIP APPLICATION

Please complete this application if you are **NOT** a current ASIA member.

Please print or type

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

MEMBERSHIP CLASS APPLYING FOR: ☐ MD/PhD/DO ☐ Allied Health **I AM:** ☐ Male ☐ Female

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

PREFERRED MAILING/BILLING ADDRESS: ☐ Home ☐ Work

Home Address _____

Address: _____

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

Primary Phone: _____ Secondary (private) Phone: _____

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

Hospital/Institution/Practice _____

Address _____

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

Phone _____ Fax _____

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

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