



SUPPORT A NEW STUDENT MEMBER

MEMBERSHIP INFORMATION - to be completed by Applicant

Please print or type Address will be available in member directory unless box is checked. First Name Last Name MI Degree/Title Male Female Preferred Contact Address Mailing Billing Date of Birth Mailing Address Billing Address Address Address City City State/Country State/Country Zip/Postal Code Zip/Postal Code Phone Fax Phone Fax E-Mail: E-Mail: Race/Ethnicity (Optional) American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian Choose not to answer *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

Trainee/Student Member \$50 Begin Date: (mm/dd/yyyy) Expected Graduation Date: (mm/dd/yyyy) Medical School City/State (Students and Trainees may be sponsored for up to two years)

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.

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