Application for Membership

1510 H St, NW • Suite 600 • Washington DC 20005
Phone: (202) 856-7422 • Fax: (202) 856-7401 • Email: info@pelvicpain.org

Membership Categories:

☐ **PHYSICIAN HEALTH CARE PROVIDER: $250 (APPLICATION FEE/ANNUAL DUES)**
☐ **NON-PHYSICIAN HEALTH CARE PROVIDER: $125 (APPLICATION FEE/ANNUAL DUES)**

Name ____________________ **Sex** M or F

Degree(s) ____________________ **Preferred Mailing Address** ☐ Office ☐ Home

Institution ____________________

Office Address ____________________

____

City ___ State/Province _______ Zip/Postal Code _

Country __________ Telephone ______________ Fax _

Home Address ____________________

____

City ___ State/Province _______ Zip/Postal Code _____________

Country _________ Telephone _____________ Fax ______________________

Web page URL ____________________

Email ________________________ **Date of Birth** ____________________

Address Listings:

☐ Yes, please include me in the membership directory.
☐ No, do not include me in the membership directory.

Include my office information in the public "Find a Provider" section on the IPPS website:
☐ Yes ☐ No

IPPS Discussion Listserv:

☐ Please check here to join the IPPS discussion list. By selecting this option, your email address will be added to the Listserv system.

If accepted for membership, I hereby agree to abide by the Constitution and Bylaws of the International Pelvic Pain Society.

Signature of Applicant ____________________________ **Date** _______________________

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Payment Options:

- ❑ Check (Payable to the International Pelvic Pain Society)
- ❑ Credit Card (Circle): Visa MasterCard American Express

Card Number ______________________________________

CVV # ______________________________________

Expiration Date ______________________________________

Cardholder's Signature ______________________________

Please forward application and supporting documents to:

International Pelvic Pain Society
Membership Department
1510 H St, NW, Suite 600
Washington, DC 20005
Phone: (202) 856-7422; Fax: (202) 856-7401
Email: info@pelvicpain.org