

# American Spinal Injury Association MEMBERSHIP APPLICATION



**SUSTAINING**

Dear Colleague:

Thank you for your interest in the American Spinal Injury Association (ASIA).

Please complete and return this application. 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.

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

Male  Female Preferred Contact Address  Mailing  Billing Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

## 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

Sustaining Member – \$1,500

## 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.office@asia-spinalinjury.org](mailto:asia.office@asia-spinalinjury.org) • [www.asia-spinalinjury.org](http://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) *Please use a separate Membership Application for this category.*

- Same as Members above while providing additional financial support to the organization. Includes one complimentary Annual Meeting registration per year, automatic renewals.

### PREMIER MEMBER – (cost \$2,500) *Please use a separate Membership Application for this category.*

- Same as Member above, plus complimentary Annual Meeting registration, additional support for the organization, free access to all of eLearning modules CME/CEU credits and certificate, automatic renewals.

### CLINIC/INSTITUTIONAL MEMBERSHIP *Please use a separate Membership Application for these categories.*

- **PLATINUM MEMBER** – (cost \$5,000)  
Three MD/PhD/DO memberships, three allied health professionals memberships, three Annual Meeting registration fees waived, four ads/announcements in the *ASIA News Bulletin* per year, institution banner on the ASIA website, one ad in the Annual Meeting program, unlimited job announcements on our job board for the year and five eLearning online registration fees waived (includes weeSTeP, InSTeP, aSTeP, SpAsTeP, SkinSTep).
- **GOLD MEMBER** – (cost \$3,000)  
Two MD/PhD/DO memberships, two allied health professionals memberships, two Annual Meeting registration fees waived, two ads/announcements in the *ASIA News Bulletin* per year, one institution banner ad on the ASIA website, one ad in the Annual Meeting program and unlimited job announcements on our website job board for the 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.