



SUPPORT A NEW 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.**

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: _____

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 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.

AMERICAN SPINAL INJURY ASSOCIATION

2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6396 • Fax (804) 282-0090 • asia.office@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) *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** if you are interested in Clinic/Institutional memberships or would like additional information.