

PREMIER 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: _____

Race/Ethnicity (Optional) (*Race and Ethnicity information is used for federal grant application purposes only.*) 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.**

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

Premier Member – \$2,500

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



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.