



# World Institute of Pain

## SECTION OF PAIN PRACTICE Individual Membership Information - 2006 – Examination Applicant PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Membership dues\*: \$120 \* Dues include the cost of a one-year subscription to the WIP's official journal, *Pain Practice*.**

**Type of Facility where employed:      Specialty:**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Hospital     | <input type="checkbox"/> Anesthesiology    | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> University   | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pharmacology       |
| <input type="checkbox"/> Pain Center  | <input type="checkbox"/> Neurology         | <input type="checkbox"/> Physical Therapy   |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Neurosurgery      | <input type="checkbox"/> Psychiatry         |
|                                       | <input type="checkbox"/> Nursing           | <input type="checkbox"/> Surgery, general   |
|                                       | <input type="checkbox"/> Oncology          | <input type="checkbox"/> Other:             |

### PAYMENT OPTIONS

Check Enclosed – made payable to WIP in US \$ Drawn on a US Bank.

Charge My       Mastercard       Visa

TOTAL \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date     /     / \_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN TO:** Marla Hall, 5724 71<sup>st</sup> Street, Lubbock, TX 79424  
(806) 795-1222 (phone); (806) 795-1191 (fax)

**\* When you return this form with you FIPP Application, you will receive a WIP tie.**

