



International Membership Application

International Members

International members are physicians (i.e., doctors of medicine or doctors of osteopathy) who have a license to practice medicine within their country of origin outside of the United States and Canada. International members may not vote or hold office but may serve and vote on committees.

Dues: \$290

Name _____ Professional Degree _____

Mailing Address (☐ home ☐ office) _____

If office, name of facility _____

City _____ Country _____ Postal Code _____

Phone (☐ home ☐ office) _____ Fax (☐ home ☐ office) _____

Email (☐ home ☐ office) _____ Date of Birth ____/____/____
MM DD YYYY

Medical Licensure Country _____ License Number _____

Is your license restricted? ☐ yes ☐ no If yes, please explain: _____

Area of expertise: _____

Highest degree earned: _____ Board certification earned: _____

Primary specialty: _____ Primary position: _____

Primary work setting: _____ Number of patients you personally see each week: _____

Primary responsibility: _____

Are you a member of the American Medical Association? ☐ yes ☐ no

Method of payment

☐ Check (made payable to AAPM) ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Account Number _____ Expiration Date _____

Signature _____ Date _____

(If you have a PDF-compatible e-signature, please use it above. If not, typing your name in the field above will constitute your e-signature.)

Return completed application to:

Mail: American Academy of Pain Medicine
P.O. Box 3781
Oakbrook, IL 60522

Fax: (847)375-6477