



# SOCIETY FOR PEDIATRIC ANESTHESIA

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## MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI:  MD  DO  PhD  CRNA  Other

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Practice:  Private  University  Government  Other

Hospital Affiliation: \_\_\_\_\_

Academic Degrees & Other Professional Certifications With Dates: \_\_\_\_\_

\_\_\_\_\_

ABA #: \_\_\_\_\_

### I Hereby Make Application For:

<input type="checkbox"/> <b>Active Membership</b> ..... \$275 Physicians practicing in the US or Canada who have an interest in pediatric anesthesia, and are eligible to be members of the ASA, may vote and/or hold office.	<input type="checkbox"/> <b>Affiliate Membership</b> ..... \$275 Physicians not eligible to be members of the ASA, non-physicians with an interest in pediatric anesthesia. May not vote and/or hold office.
<input type="checkbox"/> <b>Active/</b> <input type="checkbox"/> <b>Affiliate Joint Membership With CCAS</b> .....\$375 Active and affiliate SPA members qualify for joint membership with the Congenital Cardiac Anesthesia Society.	<input type="checkbox"/> <b>CCAS Affiliate B Member OR</b> <input type="checkbox"/> <b>SPPM Affiliate B Member</b> ..... \$75 <i>(Choose only one)</i> Physicians practicing in the US and Canada who are ineligible to be active members of ASA and nonphysicians, who in each case have an interest in congenital heart disease, but are not practicing or interested in pediatric anesthesia and are ineligible for membership with SPA. Affiliate B members will be shown as "Affiliate Members" on the membership record of the CCAS or SPPM Sections but not on the membership record of SPA. Affiliate B members shall not be entitled to vote on any matters submitted to the membership of the Section for a vote.
<input type="checkbox"/> <b>Active/</b> <input type="checkbox"/> <b>Affiliate Joint Membership with SPPM</b> .....\$375 Active and affiliate SPA members qualify for joint membership with the Society for Pediatric Pain Medicine. (Only SPPM Affiliate A members are eligible.*)	<input type="checkbox"/> <b>Active/</b> <input type="checkbox"/> <b>Affiliate Joint Membership with CCAS AND SPPM</b> ..... \$475 Active and affiliate SPA members qualify for joint membership with the Congenital Cardiac Anesthesia Society and Society for Pediatric Pain Medicine. (Only SPPM Affiliate A members are eligible.*)
<input type="checkbox"/> <b>International Membership with SPA, CCAS and SPPM</b> ..... \$75 Physicians practicing outside of the US and Canada who have an interest in pediatric anesthesia, pediatric pain medicine, and congenital heart disease and are eligible to be affiliate members of the ASA. International members will receive membership in the Congenital Cardiac Anesthesia Society, Society for Pediatric Anesthesia, and Society for Pediatric Pain Medicine. Each International Member shall be entitled to one vote on each matter submitted to the membership of the Society for a vote.	<input type="checkbox"/> <b>Fellow Membership</b> .....\$100 Physicians performing post residency fellowship training. Fellow members will receive memberships with SPA, CCAS and SPPM. <input type="checkbox"/> Check if you are a fellow in pediatric anesthesia.
<input type="checkbox"/> <b>Resident Membership</b> .....\$50 Physicians in an approved residency training program. Resident membership requires endorsement by program director. Resident members will receive memberships with SPA, CCAS and SPPM.	<b>Residency Location:</b> _____ _____ _____
<b>Completion Date:</b> _____	<b>Signature of Program Director:</b> _____

### Payment Options:

Check or Money Order Enclosed (US Funds) Made Payable to: SPA, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx  Mastercard  Visa  Discover

Card No \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

**Group Billing – 10% Discount on Dues.** Receive a 10% discount on member dues if you have 100% participation in the group billing program from your practice or institution. The Society will send one comprehensive renewal notice to include all the SPA members in your practice or institution. Contact Greg Leasure, Membership Manager, at greg@societyhq.com or 804-565-6305 to establish group billing for your member dues or to find out more about the 10% discount.

\*Members that are eligible for SPA Affiliate membership are also eligible for SPPM Affiliate A membership.  
 For more information, visit [www.pedspainmedicine.org](http://www.pedspainmedicine.org).