

AAPM CORPORATE RELATIONS COUNCIL APPLICATION

Striving for Better Patient Care

Companies applying must support the goals and mission of the AAPM. *Affiliation with the Council is annual, spanning a 12-month period from the date the application is accepted. Companies may designate 1–3 representatives, in accordance with its support level on the Council. Substitution of representatives must be submitted in writing.*

This application is also available online at www.PainMed.org/MemberCenter.

Organization: _____

Designated representative*: _____

Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

E-mail address: _____

Website address (URL): _____

Submitted by: _____ Date: _____

*Please include an attachment that lists the names and contact information for additional representatives, if applicable.

Description: Please e-mail a corporate logo (.PDF and .EPS version) and a 50-word description about your organization to be used in AAPM's publications and on the website.

Payment (in U.S. funds only): Check payable to the American Academy of Pain Medicine

\$25,000 — Premier Executive \$15,000 — Elite Associate \$7,500 — Associate

Membership dues are not deductible as a charitable contribution. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

Mail application and payment to:
American Academy of Pain Medicine
Kathryn Checea, Director of Professional Relations
8735 W Higgins Road, Suite 300
Chicago, IL 60631-2738
847.375.4765 Fax 847.374.7259
kchecea@painmed.org

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 MasterCard Visa American Express Discover Account Number: _____

Signature: _____ Exp. Date: _____